



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

2023 MAY 31 A 10:31

1. Entity ID Number 000001481		2. Exact name of the Corporation Summit Maintenance Company, Inc												
3. Principal Office Address 320 Newport Avenue			City Rumford	State RI	Zip 02916									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real property maintenance and improvements												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John C Lynch			Vice-President Name same											
Street Address 320 Newport Avenue			Street Address											
City East Providence	State RI	Zip 02916	City	State	Zip									
Secretary Name same			Treasurer Name samen/a											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name n/a			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500		0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500		0												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative John C. Lynch				Date 22 May 2023										
Signature of Authorized Representative <i>John C Lynch</i>				FILED MAY 31 2023 10:32 BY ML OG4M5										