



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JUN 30 2023
BY: **5731 AS**

1. Entity ID Number 000113561		2. Exact name of the Corporation RHODE ISLAND PROPERTY MAINTENANCE, INC.			
3. Principal Office Address 172 SIMMONSVILLE AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island PROPERTY MAINTENANCE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JESSICA M. RICCI			Vice-President Name JESSICA M. RICCI		
Street Address 172 SIMMONSVILLE AVENUE			Street Address 172 SIMMONSVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name JESSICA M. RICCI			Treasurer Name JESSICA M. RICCI		
Street Address 172 SIMMONSVILLE AVENUE			Street Address 172 SIMMONSVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VAL UF
		1,000	CNP		NPV
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 JESSICA M. RICCI					Date 06/26/23
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov