



State of Rhode Island

Department of State - Business Services Division

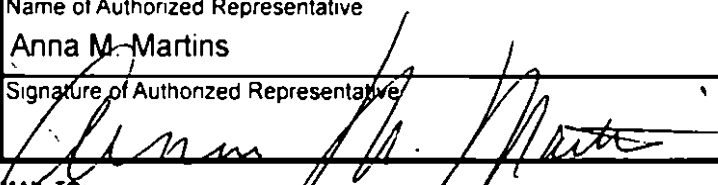
Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024
3/5/24

1. Entity ID Number 000111456		2. Exact name of the Corporation MARTINS MAINTENANCE, INC.			
3. Principal Office Address 487 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island To cleanse, renovate, and maintain all kinds of real estate, including but not limited to residential, commercial, industrial or otherwise			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anna M. Martins			Vice-President Name Lisa Caldarone		
Street Address 487 Waterman Avenue			Street Address 487 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Judy Amaral			Treasurer Name Lisa Caldarone		
Street Address 487 Waterman Avenue			Street Address 487 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anna M. Martins			Director Name Manuel E. Martins		
Street Address 487 Waterman Avenue			Street Address 487 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Anna M. Martins					Date 2/14/24
Signature of Authorized Representative 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 05 2024

BY 

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FORM 630 - Revised: 2/2023