



State of Rhode Island

## Department of State - Business Services Division

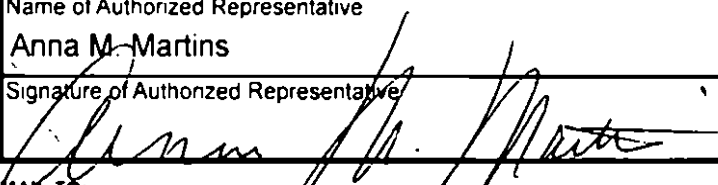
Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024  
MAR 05 2024

1. Entity ID Number <b>000111456</b>		2. Exact name of the Corporation <b>MARTINS MAINTENANCE, INC.</b>			
3. Principal Office Address <b>487 Waterman Avenue</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
4. NAICS Code <b>561720</b>	6. Brief description of the character of business conducted in Rhode Island <b>To cleanse, renovate, and maintain all kinds of real estate, including but not limited to residential, commercial, industrial or otherwise</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Anna M. Martins</b>		Vice-President Name <b>Lisa Caldarone</b>			
Street Address <b>487 Waterman Avenue</b>		Street Address <b>487 Waterman Avenue</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Judy Amaral</b>		Treasurer Name <b>Lisa Caldarone</b>			
Street Address <b>487 Waterman Avenue</b>		Street Address <b>487 Waterman Avenue</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Anna M. Martins</b>		Director Name <b>Manuel E. Martins</b>			
Street Address <b>487 Waterman Avenue</b>		Street Address <b>487 Waterman Avenue</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1,000</b>	<b>CNP</b>	<b>\$0.0000</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Anna M. Martins</b>				Date <b>2/14/24</b>	
Signature of Authorized Representative 				<b>FILED</b>	

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 ML 35865

FORM 630 - Revised: 2/2023