RI SOS Filing	Number: 202448932440	Date: 3/13/2024 4:00:00 PN	Л			
State of Rhode Island  Department of State - Business Services Division			FILED/WD			
Annual Report for the year: 2024			MAR 1 3 2024			
Corporation  → Filing period: February 1 -  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	May 1 fee if form is not filed by May 31.		BY	77		
1. Entity ID Number 40520	2. Exact name of the Corporation COMMERCIAL MAIN	TENANCE CONSULTA	ANTS, INC.	0>		
3. Principal Office Address 300 Roosevelt Avenue		City Pawtucket	State RI	<sup>Zip</sup> 02860		
4. NAICS Code	6. Brief description of the character	of business conducted in Rhode Is	land			
561720	commercial and industrial cleaning and janitorial services					
5. State of Incorporation RI						
7. List ALL officers (names and ad	ldresses)		x to indicate an a	ttachrnent 🗀		
President Name Dana Loiselle		Vice-President Name				
Street Address 300 Roosevelt Avenue		Street Address				

RI	ii					_	
7. List ALL officers (names and a	ddresses)				e box to indi	cate an att	achrnent 🗀_
President Name Dana Loiselle			Vice-President Name				
Street Address 300 Roosevelt Avenue			Street Address				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City		State		Zip
Secretary Name Christopher J. Biafore			Treasurer Name Dana Loiselle				
Street Address 253 Main Stre	Street Address 300 Roosevelt Avenue						
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	Crty Paw	Pawtucket St		RI	<sup>Zip</sup> 02860
8. List ALL directors (names and	addresses)			Check th	e box to ind	icate an at	achment 🗆
Director Name Dana Loiselle			Director Name				
Street Address 300 Roosevelt Avenue			Street Address				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City		State		Zip
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City	<u> </u>	State		Zip
9. Shares Authorized		10. Shares Iss	led Check the box to indicate an attachment □				
This information is currently of record in the		NUMBER OF					
Department of State.		100	100			no par value	
Changes require an additional fili	ng.						
11. This report must be executed	d on behalf of the	corporation by an a	uthorized rep	presentative. If the co	orporation is	in the har	ds of a re-
ceiver or trustee, this report mus Under penalty of perjury, I dec statements, and that all stater	lare and affirm t	that I have examin	ed this repor	rt, including any ac	companyin	g schedu	es and
Name of Authorized Representa	a contout.		Date				
Dana Loiselle, President					3	3/7/2	024

MAIL TO:

**Division of Business Services** 

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov