



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.

REC'D RIDG BSD
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1. Entity ID Number <u>000056179</u>		2. Exact name of the Corporation <u>Maintenance Plus, Inc</u>	
3. Principal Office Address <u>148 Fort Street</u>		City <u>E. Providence</u>	State <u>RI</u>
Zip <u>02914</u>			
4. NAICS Code <u>238210</u>	6. Brief description of the character of business conducted in Rhode Island <u>Electrical + Construction Services for commercial + Residential property</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joseph J. Sousa</u>		Vice-President Name <u>Joan M. Sousa</u>	
Street Address <u>493 Aguidreck Ave</u>		Street Address <u>493 Aguidreck Ave</u>	
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Middletown</u>
State <u>RI</u>	Zip <u>02842</u>	City <u>Middletown</u>	State <u>RI</u>
Secretary Name <u>Jarrett Sousa</u>		Treasurer Name <u>Joseph J. Sousa II</u>	
Street Address <u>148 Fort Street</u>		Street Address <u>148 Fort Street</u>	
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>East Providence</u>
State <u>RI</u>	Zip <u>02914</u>	City <u>East Providence</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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	
		<u>300</u>	<u>Common</u>
			<u>0</u>
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 <u>Joseph Sousa</u>			Date <u>11/12/2024</u>
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-26*5
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 10:06

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BY ZPRSM

[Signature]