



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

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

2025 EST  
1/16/25 4:09:02 PM

STAMP

1. Entity ID Number 000060593		2. Exact name of the Corporation Smith and Company Maintenance Inc			
3. Principal Office Address 12 Morgan Street			City Newport	State RI	Zip 02840
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICE TITLE: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name William Smith			Vice-President Name		
Street Address 12 Morgan Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 0	CLASS/SERIES CNP	PAR VALU \$0.00
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> <span style="float: right;">FILED</span>					
Name of Authorized Representative William Smith					Date 1/16/25
Signature of Authorized Representative					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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