



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2010

Corporation

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

FILED
JAN 16 2025
RIS
JAN 16 2025

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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 0 | CLASS/SERIES CNP | PAR VALUE \$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. | | | | | |
| 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 William Smith | | | | | Date 1/16/25 |
| Signature of Authorized Representative | | | | | BY |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov