State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY A960

Annual Report for the year: 2025
Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
14046	STATEWIDE FLOOR MAINTENANCE INC.			
3. Principal Office Address		City	State	Zip
41 GREENVILLE RD.		NORTH SMITHFIELD	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236220	GENERAL CLEANING BUSINESS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DAVID L. BOUVIER	SAME
Street Address: 41 GREENVILLE RD.	Street Address: SAME
City: NORTH SMITHFIELD State: RI Zip: 02896	City: SAME State: SAME Zip:
Secretary Name: DAVID L BOUVIER	**Treasurer Name:** DAVID L BOUVIER
Street Address: SAME	Street Address: SAME
City: SAME State: RI Zip: 02896	City: SAME State: RI Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DAVID L. BOUVIER	
Street Address: SAME	Street Address:
City: SAME State: Zip:	City: State: Zip:
Director Name:	**Director Name:**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		—

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	Date
DAVID L. BOUVIER	2/1/25

Signature of Authorized Representative: David L. Bouvier

MAIL TO:
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