



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025  
Corporation

FEB 10 2025

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

BY 1812 Ely

1. Entity ID Number <u>000056179</u>		2. Exact name of the Corporation <u>Maintenance Plus, Inc.</u>			
3. Principal Office Address <u>493 Aquidneck Ave</u>		City <u>Middletown</u>		State <u>RI</u>	Zip <u>02842</u>
4. NAICS Code <u>238210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Electrical Repair + Construction Services for Commercial + Residential Properties</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Joseph J Sousa</u>			Vice-President Name <u>Joan M. Sousa</u>		
Street Address <u>493 Aquidneck Ave</u>			Street Address <u>493 Aquidneck 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>	State <u>RI</u>		Zip <u>02842</u>
Secretary Name <u>Jarrett J. Sousa</u>			Treasurer Name <u>Joseph John Sousa</u>		
Street Address <u>148 Fort St</u>			Street Address <u>148 Fort St</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>	State <u>RI</u>		Zip <u>02914</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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.					
<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>					
Name of Authorized Representative <u>Joan Sousa</u>				Date <u>2/5/2025</u>	
Signature of Authorized Representative <u>Joan Sousa</u>					