



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 Aguidreck 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) 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>
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>
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
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>300</u>		CLASS/SERIES <u>Common</u>		PAR VALUE <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>Joan Sousa</u>					Date <u>2/5/2025</u>
Signature of Authorized Representative <u>Joan Sousa</u>					

MAIL TO:

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