



State of Rhode Island
Department of State - Business Services Division

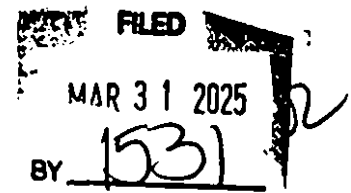
Annual Report for the year: **2025**

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 40520		2. Exact name of the Corporation COMMERCIAL MAINTENANCE CONSULTANTS, INC.		
3. Principal Office Address 300 Roosevelt Avenue		City Pawtucket	State RI	Zip 02860
4. NAICS Code 561720	6. Brief description of the character of business conducted in Rhode Island commercial and industrial cleaning and janitorial services			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Dana Loiselle		Vice-President Name		
Street Address 300 Roosevelt Avenue		Street Address		
City Pawtucket	State RI	Zip 02860	City	State
Secretary Name Christopher J. Biafore		Treasurer Name Dana Loiselle		
Street Address 253 Main Street		Street Address 300 Roosevelt Avenue		
City East Greenwich	State RI	Zip 02818	City Pawtucket	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Dana Loiselle		Director Name		
Street Address 300 Roosevelt Avenue		Street Address		
City Pawtucket	State RI	Zip 02860	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 100	CLASS/SERIES common	PAR VALUE no par value
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 Dana Loiselle, President			Date 3/27/2025	
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