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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	2. Exact name of the Corporation			
001694907	RMM PROPERTIES MAINTENANCE, INC.			
3. Principal Office Address		City	State	Zip
14 MOORE ST		CENTRAL FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	PROPERTY MAINTENANCE SERVICES.			
5. State of Incorporation				
RI				

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

President Name: MANRIQUE MARTINEZ			Vice-President Name: MANRIQUE MARTINEZ		
Street Address: 53 COLUMBUS ST			Street Address: 53 COLUMBUS ST		
City: CHELSEA	State: MA	Zip: 02150	City: CHELSEA	State: MA	Zip: 02150
Secretary Name: MANRIQUE MARTINEZ			Treasurer Name: MANRIQUE MARTINEZ		
Street Address: 53 COLUMBUS ST			Street Address: 53 COLUMBUS ST		
City: CHELSEA	State: MA	Zip: 02150	City: CHELSEA	State: MA	Zip: 02150

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	CWP	$5.0000

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
MANRIQUE MARTINEZ	09/25/2025

Signature of Authorized Representative: Manrique Martinez

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
SEP 26 2025
BY RV 32AYD
12:10PM

FORM 630- Revised: 12/2023