

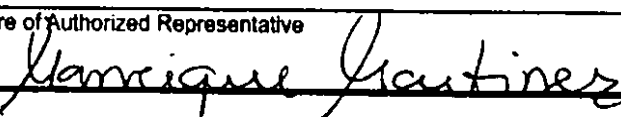
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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 001694907		2. Exact name of the Corporation RMM PROPERTIES MAINTENANCE, INC.	
3. Principal Office Address 14 MOORE ST		City CENTRAL FALLS	State RI
		Zip 02863	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island PROPERTY MAINTENANCE 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 MANRIQUE MARTINEZ		Vice-President Name MANRIQUE MARTINEZ	
Street Address 14 MOORE ST		Street Address 14 MOORE ST	
City CENTRAL FALLS	State RI	City CENTRAL FALLS	State RI
Zip 02863		Zip 02863	
Secretary Name MANRIQUE MARTINEZ		Treasurer Name MANRIQUE MARTINEZ	
Street Address 14 MOORE ST		Street Address 14 MOORE ST	
City CENTRAL FALLS	State RI	City CENTRAL FALLS	State RI
Zip 02863		Zip 02863	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MANRIQUE MARTINEZ		Director Name MANRIQUE MARTINEZ	
Street Address 14 MOORE ST		Street Address 14 MOORE ST	
City CENTRAL FALLS	State MA	City CENTRAL FALLS	State MA
Zip 02863		Zip 02863	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
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 MANRIQUE MARTINEZ		Date 09/25/2025	
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

FILED

SEP 26 2025
BY **KV324D**
12:08PM
FORM 630- Revised: 12/2023