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**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2022**

**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 <b>001694907</b>		2. Exact name of the Corporation <b>RMM PROPERTIES MAINTENANCE, INC.</b>			
3. Principal Office Address <b>14 MOORE ST</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY MAINTENANCE SERVICES.</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MANRIQUE MARTINEZ</b>			Vice-President Name <b>MANRIQUE MARTINEZ</b>		
Street Address <b>14 MOORE ST</b>			Street Address <b>14 MOORE ST</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>MANRIQUE MARTINEZ</b>			Treasurer Name <b>MANRIQUE MARTINEZ</b>		
Street Address <b>14 MOORE ST</b>			Street Address <b>14 MOORE ST</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MANRIQUE MARTINEZ</b>			Director Name <b>MANRIQUE MARTINEZ</b>		
Street Address <b>14 MOORE ST</b>			Street Address <b>14 MOORE ST</b>		
City <b>CENTRAL FALLS</b>	State <b>MA</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>MA</b>	Zip <b>02863</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>CWP</b>	PAR VALUE <b>\$5.0000</b>	
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 <b>MANRIQUE MARTINEZ</b>				Date <b>09/25/2025</b>	
Signature of Authorized Representative <i>Manrique Martinez</i>					

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 2023  
BY *KV 32ALD*  
*12:07PM*  
FORM 630- Revised: 12/2023