



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 911426		2. Exact name of the Corporation A&M AIR CARE, INC			
3. Principal office address 33 LINWOOD AVENUE			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-996-3518		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island DUCT CLEANING AND AIR COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name YAHIRA RAMOS			Vice-President Name YAHIRA RAMOS		
Street Address 33 LINWOOD AVENUE			Street Address 33 LINWOOD AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name MARION GARCIA			Treasurer Name YAHIRA RAMOS		
Street Address 33 LINWOOD AVENUE			Street Address 33 LINWOOD AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name YAHIRA RAMOS			Director Name		
Street Address 33 LINWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	CNP	\$0.00

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY
 BY _____

FILED
 APR 13 2015
 2924

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.
 Signature of Authorized Representative: Yahira Ramos
 Date: 4/10/15
 YAHIRA RAMOS
 Print or Type Name of Authorized Representative