



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 2016

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	

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 CORPORATIONS DIV
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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: _____

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

Date

YAHIRA RAMOS

Print or Type Name of Authorized Representative

FILED

MAR 30 2016

By 211249
A.A.

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