



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001671050		2. Exact name of the Corporation MCSPPARREN PROPERTY MAINTENANCE, INC.			
3. Principal Office Address 32 Ashwood Circle		City Warwick		State RI	Zip 02886
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Property maintenance			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven P. McSparren			Vice-President Name Alexandra N. McSparren		
Street Address 32 Ashwood Circle			Street Address 32 Ashwood Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Steven P. McSparren			Treasurer Name Steven P. McSparren		
Street Address 32 Ashwood Circle			Street Address 32 Ashwood Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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
			1000	Common	No par value
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. <i>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.</i>					
Name of Authorized Representative Steven P. McSparren				Date 10-2-18	
Signature of Authorized Representative 			SIGN DOCUMENT HERE OCT 03 2018		

BY 51494591-7