



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

Annual Report for the year: 2018  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2018 OCT 31 PM 2:00

- 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 <b>01673425</b>		2. Exact name of the Corporation <b>R.I MAINTENANCE SERVICE INC</b>			
3. Principal Office Address <b>2 FLECHER STREET</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>561720</b>		6. Brief description of the character of business conducted in Rhode Island <b>Clean <del>clean</del> BUSINESS</b>			
5. State of Incorporation <b>R-I</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>MARIA BARROS</b>			Vice-President Name		
Street Address <b>MARTA 20 OLNEY ST -</b>			Street Address		
City <b>N- PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>MADUENO BARROS</b>			Director Name		
Street Address <b>20 OLNEY ST -</b>			Street Address		
City <b>N- PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>0</b>			
				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. <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>Barros</b>				Date <b>10-31-18</b>	
Signature of Authorized Representative				<b>FILED</b>	
				<b>OCT 31 2018</b>	
				<b>2106</b>	

MAIL TO:  
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