



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

Annual Report for the year: 2020
 Corporation

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 BUS SVCS DIV

2020 AUG 13 AM 11:45

- 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 001673425		2. Exact name of the Corporation RI Maintenance Service Inc.			
3. Principal Office Address 20 Olney Street		City North Providence	State RI	Zip 02904	
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Janitorial			
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 Maria Barros		Vice-President Name Maria Barros			
Street Address 20 Olney Street		Street Address 20 Olney St			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Maria Barros		Treasurer Name Maria Barros			
Street Address 20 Olney St		Street Address 20 Olney St			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maclueno Barros		Director Name			
Street Address 20 Olney St		Street Address			
City Providence	State RI	Zip 02904	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
		0			0.01
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.					
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.					
Name of Authorized Representative Maria Barros				Date 8/07/2020	
Signature of Authorized Representative Maria Barros				FILED	
AUG 13 2020					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY **OTAMZ**
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