



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 95126		2. Name of Corporation TINO COATINGS, INC		
3. Street Address Principal Business Office 494 HUNT ST		City C-FALLS	State RI	Zip 02863
4. Business Phone No. 401-727-4488		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island PAINTING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JUSTINO CENTENO		Vice President Name JAVIER CENTENO		
Street Address 494 HUNT ST		Street Address 494 HUNT ST		
City C-FALLS	State RI	Zip 02863	City C-FALLS	State RI
Secretary Name MARIA VILLA		Treasurer Name EDWIN AFRICANO		
Street Address 174 BUTLER AVE		Street Address 44 ELLIMAS ST		
City C-FALLS	State RI	Zip 02863	City C-FALLS	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JUSTINO CENTENO		Director Name JAVIER CENTENO		
Street Address 494 HUNT ST		Street Address 494 HUNT ST		
City C-FALLS	State RI	Zip 02863	City C-FALLS	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100. NO PAR VALUE			NO PAR VALUE	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
NO PAR VALUE			NO PAR VALUE	

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.

Signature: JUSTINO CENTENO Date: 9-3-08  
Print or Type Name: PROSECUTOR  
Title: PROSECUTOR

**FILED**  
File Date: SEP 03 2008  
Check No.: 9307198  
By: 9307198  
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