



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. 116962		2. Name of Corporation SOLARIS PAINTING COMPANY, INC		
3. Street Address Principal Business Office 4 CEDAR POND DR. #10		City WARWICK	State R.I.	Zip 02886
4. Business Phone No. 1-401-524 0574		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island PAINTING				
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name MARK MLYNAR		Vice President Name - NONE -		
Street Address 4 CEDAR POND DR. #10		Street Address		
City WARWICK	State R.I.	Zip 02886	City	State
Secretary Name - NONE -		Treasurer Name - NONE -		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name - NONE -		Director Name - NONE -		
Street Address		Street Address		
City	State	Zip	City	State
Director Name - NONE -		Director Name - NONE -		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class/Series	Par Value
		- NONE -		
		THIS SECTION MUST BE COMPLETED		

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 **FILED**  
Check No. **SEP 15 2008**  
By **224**  
FOR SECRETARY OF STATE USE ONLY

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 MARK MLYNAR Date 09-11-2008  
Print or Type Name PRESIDENT  
Title