RI SOS Filing Number: 200941767860 Date: 02/05/2009 4:00 PM

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 2009

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.	2. Name of Corporation
116386	PaintWorks, Inc.

3. Street Address, Principal Business Office	City	State	Zip
150 FLORIDA AVE.	CRANSTON	Rhode Island	02920

4. Business Phone No.	5. State of Incorporation
401-944-6883	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Interior/Exterior painting, siding, interior wall covering, construction/maintence of general residential & commercial leasehold improvements

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Lori Mariorenzi	Gary Mariorenzi
Street Address: 150 FLORIDA AVE.	Street Address: 150 FLORIDA AVE.
City: CRANSTON · State: Rhode Island · Zip: 02920	City: CRANSTON · State: Rhode Island · Zip: 02920
Secretary Name: Lori Mariorenzi	Treasurer Name: Gary Mariorenzi
Street Address: 150 FLORIDA AVE.	Street Address: 150 FLORIDA AVE.
City: CRANSTON · State: Rhode Island · Zip: 02920	City: CRANSTON · State: Rhode Island · Zip: 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Lori Mariorenzi	Gary Mariorenzi
Street Address: 150 FLORIDA AVE.	Street Address: 150 FLORIDA AVE.
City: CRANSTON · State: Rhode Island · Zip: 02920	City: CRANSTON · State: Rhode Island · Zip: 02920
Director Name	Director Name
Street Address	Street Address
City · State · Zip	City · State · Zip

2009 FEB 5 PM 2:59 STATE CORPS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
5000	Common	No Par

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.

[redacted] [redacted]

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 1/5/09 Date

Gary Mariorenzi
Print or Type Name

Vice President
Title

[redacted]

File Date FILED
Check No.
FEB 05 2009
By:
FOR SECRETARY OF STATE USE ONLY
By

31005-1-345065

Form 630 Rev. 08/08