



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.<br>000145652                                                                                                                           |               | 2. Name of Corporation<br>First Class Painting, Inc |                                                                     |                              |                   |
| 3. Street Address Principal Business Office<br>11 Old Oak Avenue                                                                                           |               |                                                     | City<br>Cranston                                                    | State<br>R.I.                | Zip<br>02920      |
| 4. Business Phone No.                                                                                                                                      |               | 5. State of Incorporation<br>R.I.                   |                                                                     |                              |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Painting and Contracting Services                                           |               |                                                     |                                                                     |                              |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                                     |                                                                     |                              |                   |
| President Name<br>Alfred Smith Jr.                                                                                                                         |               |                                                     | Vice President Name                                                 |                              |                   |
| Street Address<br>11 Old Oak Avenue                                                                                                                        |               |                                                     | Street Address                                                      |                              |                   |
| City<br>Cranston                                                                                                                                           | State<br>R.I. | Zip<br>02920                                        | City                                                                | State                        | Zip               |
| Secretary Name                                                                                                                                             |               |                                                     | Treasurer Name                                                      |                              |                   |
| Street Address                                                                                                                                             |               |                                                     | Street Address                                                      |                              |                   |
| City                                                                                                                                                       | State         | Zip                                                 | City                                                                | State                        | Zip               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                                     |                                                                     |                              |                   |
| Director Name<br>None                                                                                                                                      |               |                                                     | Director Name<br>None                                               |                              |                   |
| Street Address                                                                                                                                             |               |                                                     | Street Address                                                      |                              |                   |
| City                                                                                                                                                       | State         | Zip                                                 | City                                                                | State                        | Zip               |
| Director Name<br>None                                                                                                                                      |               |                                                     | Director Name<br>None                                               |                              |                   |
| Street Address                                                                                                                                             |               |                                                     | Street Address                                                      |                              |                   |
| City                                                                                                                                                       | State         | Zip                                                 | City                                                                | State                        | Zip               |
| 9. SHARES AUTHORIZED                                                                                                                                       |               |                                                     | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                              |                   |
| 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 <u>MUST</u> BE COMPLETED               |                              |                   |
|                                                                                                                                                            |               |                                                     | Number of Shares<br>1000.00                                         | Class/Series<br>Common Stock | Par Value<br>0.00 |
|                                                                                                                                                            |               |                                                     |                                                                     |                              |                   |

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: Alfred S. Smith Jr. Date: 2/28/09  
Print or Type Name: Alfred Smith Jr.  
Title: President

File Date: FILED  
Check No.: FEB 27 2009  
By: 082276 11:29  
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