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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 2010

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(d), 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)(a)) is subject to a penalty fee of $25.00.*

1. Corporate ID No: 000088619
2. Name of Corporation: ARTISTIC Painting Co Inc.
3. Street Address Principal Business Office: 579 Knotty oak Rd. City: Coventry State: RI Zip: 02816
4. Business Phone No: 401-497-2193
5. State of Incorporation: R.I.
6. Brief Description of the Character of Business Conducted in Rhode Island: Painting & WALL COVERING

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

President Name: LYNN A PETRARCA	Vice President Name: DONALD C. SLOW
Street Address: P.O Box 7617	Street Address: 579 Knotty oak Rd
City: WARWICK State: RI Zip: 02887	City: Coventry State: RI Zip: 02816
Secretary Name: DONALD C. SLOW	Treasurer Name: LYNN A PETRARCA
Street Address: 579 Knotty oak Rd	Street Address: P.O. Box 7617
City: Coventry State: RI Zip: 02816	City: WARWICK State: RI Zip: 02887

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

Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED: 8,000

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

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
100	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.

Lynn A Petrarca 12-24-09
Signature Date

LYNN A PETRARCA
Print or Type Name

Pres
Title

[redacted]

File Date: FILED
Check No: DEC 28 2009
By: 2684
FOR SECRETARY OF STATE USE ONLY
43483-5-436824

Form 630 Rev. 06/08