



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 02904-2613
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$60.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(c), 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)(4)) 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 COUNTRY	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 & WALLCOVERING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President's Name LYNN A PETRARCA			Vice President's Name DONALD C. SLOW		
Street Address P.O. Box 7617			Street Address 579 Knotty oak Rd		
City WARWICK	State RI	Zip 02887	City COUNTRY	State RI	Zip 02816
Secretary's Name DONALD C. SLOW			Treasurer's Name LYNN A PETRARCA		
Street Address 579 Knotty oak Rd			Street Address P.O. Box 7617		
City COUNTRY	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) ☐		
ISSUED SHARES -- THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series COMMON		Par Value NO PAR	
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.					

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.	DEC 28 2009
By	2684
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
LYNN A PETRARCA 12-24-09
Print of Type Name
ORES
Title