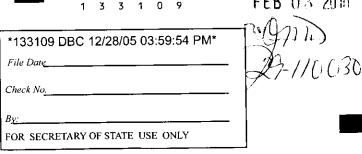


Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02903-2615 401.222.3040

***				2010
PROFIT CORPORAT	TON ANNUAL	REPORT FOR	THE YEAR	2010

Office of the Sec		NNHAL DEPO	RT FOR THE YEA	R 2010	401.2.
'iling Period: January 1 - N	Aarch I 💌 🕒 Eil	ing Fee: \$50.00	irty (30) days after the time prescribed by law (		subject to a penalty fee of \$25.
In accordance with R.I.G.L. 7-1.2-1501(e), e. !. Corporate ID No. - 133109	ach corporation failing or 2. Name of Corpord ACTION PAII	tion	ury (30) was specime time presented by the C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. Street Address Principal Busines 25 MOORLAND AVENUE	ss Office		City EAST PROVIDENCE	State RI	<i>Zip</i> 02914-
4. Business Phone No. 4012701061		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Charac TO OPERATE A PAINTING	ter of Business Cond G CONTRACTING	ucted in Rhode Island BUSINESS			
President Name JORGE M AMARAL	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	ACHMENT) TELL IN SPACES Vice President Name JORGE M AMARAL Street Address	BEFORE USING AT	TACHMENTS
Street Address 25 MOORLAND AVENUE			25 MOORLAND AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE Secretary Name JORGE M AMARAL	RI	02914	EAST PROVIDENCE Treasurer Name JORGE M AMARAL	RI	02914
Street Address 25 MOORLAND AVENUE			Street Address 25 MOORLAND AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	EAST PROVIDENCE	RI	02914
Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR AT	TTACHMENT)  FILL IN SPAC Director Name	ES BEFORE USING	AI IACHMEN IS
JORGE M AMARAL			Street Address		
Street Address 25 MOORLAND AVENUE			GIVET MAN COO		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZEI	) ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" BOX	X FOR ATTACHMEN	<i>T</i> ) 🔲
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
500 COMM NO PAR VA	LUE		100	COMMON	NOPAR
This report must be executed on hehalf of th	e corporation by an author	ized representative. If the corporation is	in the hands of a receiver or trustee, this report	must be executed on behalf of	f the corporation by the receiv
11 11 8 8 1 11 11 11 11 11 11 11 11 11		A SA CAN			
1 3 3		FEB 03 201	Under penalty of perjury	, I declare and affirm	that I have examine
		-	this report, including any and that all statements of	y accompanying sche ontained herein are ti	rue and correct.



Date

JORGE M AMARAL

Print or Type Name of Officer **PRESIDENT** 

Title of Officer

Form 630 12/01