

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Form 630 Rev. 08/08

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2011

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(ccrd)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. Name of Corporation THE METICULOUS PAINT JOB, INC. 51975 1518 GREEN ÉND AVEÑUE MIDDLETOWN RΙ 02842 4. Business Phone No 5. State of Incorporation 401-846-5481 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island PAINTING AND WATERPROOFING 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ROBERT J. AMADO NONE Street Address Street Address 1518 GREEN END AVENUE State Z(b)MIDDLETOWN RΙ 02842 Secretary Name NONE NONE Street Address Street Address Gity State Ζip City Zib8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE NONE Street Address Street Address City State ZipCity State Director Name Director Name NONE NONE Street Address Street Address City State Ζip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of NONE 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. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements THE METICULOUS PAI contained herein are true and correct West J. amado Check No. . ROBERT J. AMADO Print or Type Name **PRESIDENT** FOR SECRETARY OF STATE USE ONLY

Title