

**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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 163192		2. Name of Corporation JEFFERY'S PAINTING, INC.			
3. Street Address Principal Business Office 20 D'AMICO LANE			City GLOCESTER	State RI	Zip 02814
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island PAINTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JEFFEREY M ATHERTON			Vice President Name		
Street Address 20 D'AMICO LANE			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Secretary Name JEFFEREY M ATHERTON			Treasurer Name JEFFEREY M ATHERTON		
Street Address 20 D'AMICO LANE			Street Address 20 D'AMICO LANE		
City GLOCESTER	State RI	Zip 02814	City GLOCESTER	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JERRETEY M ATHERTON			Director Name		
Street Address 20 D'AMICO LANE			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series COMMON NO PAR		Par Value	

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 CORPORATIONS DIV
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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	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

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SEP 21 2011
By *[Signature]*
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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: *[Signature]* Date: **9-21-11**
JEFFERY ATHERTON
 Print or Type Name
PRESIDENT
 Title