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 2012

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. 94919	*2. Name of Corporation* Renaissance Painting, Inc.
3. Street Address Principal Business Office 2 Williams Street	*City* Providence / *State* RI / *Zip* 02903
4. Business Phone No. 4013312222	*5. State of Incorporation* RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE GENERAL BUSINESS OF PAINTING.	

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

President Name Anthony DiChiaro	*Vice President Name* Anthony DiChiaro
Street Address 2 Nipmuc Road	*Street Address* Same
City Foster / *State* RI / *Zip* 02825	*City* / *State* / *Zip*
Secretary Name Helen B. DiChiaro	*Treasurer Name* Anthony DiChiaro
Street Address Same	*Street Address* Same
City / *State* / *Zip*	*City* / *State* / *Zip*

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

Director Name N/A	*Director Name* N/A
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name N/A	*Director Name* N/A
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

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CORPORATIONS DIV
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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)*** ☐

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]

FILED 1:40
FEB 17 2012
BY 163872

File Date _____
Check No. _____
By: _____
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73401-2-720731

[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.

Signature _____ *Date* 2/17/12

ANTHONY S. DICHIARO
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08