



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

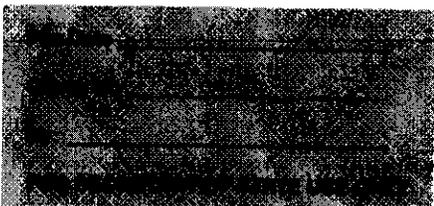
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 96374		2. Exact name of the Corporation Soep Painting Corp.			
3. Principal office address 263 Commercial Street			City Malden	State MA	Zip 02148
4. Business Phone No. 781-851-2815			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Painting Contractor					
President Name Howard Soep			Vice-President Name Matthew Soep		
Street Address 263 Commercial Street			Street Address 263 Commercial Street		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148
Secretary Name Matthew Soep			Treasurer Name Howard Soep		
Street Address 263 Commercial Street			Street Address 263 Commercial Street		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148
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
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50,000	Common	
			5000	Common	

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.



FILED
MAR 21 2012
 35011

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 of Authorized Representative
 Date **3-9-12**
 Print or Type Name of Authorized Representative **Matthew Soep**