

2. Name of Corporation Paintworks, Inc.

1. Corporate ID No. 116386

A. Ralpb 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(còrd)) is subject to a penalty fee of \$25.00.

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3. Street Address Principal Business Office 150 Florida Avenue			City Cranston	State Rhode Island	<i>Ζψ</i> 02920	
4. Business Phone No. 401-944-6883		5. State of Incorporation Rhode Island	e of Incorporation			
6. Brief Description of the Character Interior/exterior painting, sid	of Business Conducted in I	Rhode Island rering, construction/ma	intence & general residentia	l & commercial leaseho	old improvements	
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) THE ELL IN SDAC	TER BEEODE HEING AT	TA CITATIONS	
President Name		(== ==================================	Vice President Name	es defure using al	TACHMENTS	
Lori Mariorenzi			Gary Mariorenzi			
Street Address 150 Florida Avenue			Street Address 150 Florida Avenue			
Cray Cranston	State Rhode Island	<i>Ζψ</i> , 0292 0	City Cranston	State Rhode Island	Zip 02 920	
Secretary Name Lori Mariorenzi			Treasurer Name Gary Mariorenzi	••••		
Street Address 150 Florida Avenue			Street Address 150 Florida Avenue			
ดเต Cranston	State Rhode Island	^{Ζφ} 02920	City Cranston	I THOUSE ISLAND	□ z _{ip} □ □ □ 02920	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATI	FACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING A	TTACSMENTS	
Lori Mariorenzi			Gary Mariorenzi			
Street Address			Street Address			
150 Florida Avenue			150 Florida Avenue			
Cronston	State	Zip	City	State	Zip	
Cranston Director Name	Rhode Island	02920	Cranston	Rhode Island	02920	
Direcum wame			Director Name			
Street Address						
			Street Address			
City:	State	Zip	City	State	Ζip	
9. SHARES AUTHORIZED	•	1	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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			5000	Common	No Par	
This report must be executed this report must be executed or	on behalf of the corp	oration by an authorized	d representative. If the corpor	ration is in the hands of	a receiver or trustee,	
	•	,				
		FILED	Under penalty of perjury	, I declare and affirm that	I have examined this report,	
	-		contained herein are true	lying schedules and statem	ents, and that all statements	
File Date JUN N 1 2012 Check No			Gai marionera 1/6/12 Signature Date			
Ву:			Print or Type Name President			
FOR SECRETARY OF STA	TE USE ONLY					
			Title		Form 630 Rev. 08/08	