



**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. 573195		2. Exact name of the Corporation Lindley Painting Inc.		
3. Principal office address 2230 Post Rd.		City Wakefield	State R.I.	Zip 02879
4. Business Phone No. (401) 783-5035		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Painting: Interior - Exterior				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name Mark Lindley		Vice-President Name Mark Lindley		
Street Address 2230 Post Rd.		Street Address 2230 Post Rd.		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
Secretary Name Mark Lindley		Treasurer Name Mark Lindley		
Street Address 2230 Post Rd.		Street Address 2230 Post Rd.		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		0	0	0

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

FILED

JUL 23 2012

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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.

Mark Lindley 7-18-12  
 Signature of Authorized Representative Date

Mark Lindley  
 Print or Type Name of Authorized Representative