



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 2013

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. 75397		2. Exact name of the Corporation H. Kachadourian Painting Inc.			
3. Principal office address 5 Cider Lane			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-0348			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Harry Kachadourian			Vice-President Name Suzanne Kachadourian		
Street Address 5 Cider Lane			Street Address 5 Cider Lane		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Michael Kachadourian			Treasurer Name Bryan Kachadourian		
Street Address 18 Steere Street			Street Address 5 Cider Lane		
City Johnston	State RI	Zip 02919	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Harry Kachadourian			Director Name Suzanne Kachadourian		
Street Address 5 Cider Lane			Street Address 5 Cider Lane		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1000	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.

FILED

File Date _____

Check No _____

By: _____

FEB 01 2013

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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.

Harry Kachadourian 1/29/13
 Signature of Authorized Representative Date

Harry Kachadourian
 Print or Type Name of Authorized Representative

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