



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. 000141048		2. Exact name of the Corporation GRL Painting & Restoration, Inc.			
3. Principal office address 57 Aetna Street			City Central Falls	State RI	Zip 02863
4. Business Phone No. 401-722-5559			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Painting & Restoration contractor and/or subcontractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Glenn R. Laramee			Vice-President Name		
Street Address 57 Aetna Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Elizabeth F. Laramee			Treasurer Name		
Street Address 57 Aetna Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Glenn R. Laramee			Director Name		
Street Address 57 Aetna Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name Elizabeth F. Laramee			Director Name		
Street Address 57 Aetna Street			Street Address		
City Central Falls	State RI	Zip 02863	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
			1,000	common	\$1.00

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

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.

Elizabeth F. Laramee 3/15/13
 Signature of Authorized Representative Date
Elizabeth F. Laramee, Secretary
 Print or Type Name of Authorized Representative

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