



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 2014**

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. 738807		2. Exact name of the Corporation Champagne Painting Inc.			
3. Principal office address 155 Spooner Ave		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-451-6190		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Painting					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
President Name Christopher Champagne			Vice-President Name		
Street Address 155 Spooner Ave			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2013 NOV - 8 AM 10:11

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  
 By 210347

**FILED** 10:13 AM  
 NOV 08 2013  
 ICM

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 of Authorized Representative: Christopher Champagne 11/8/13  
 Date

Print or Type Name of Authorized Representative