



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. <u>738807</u>		2. Exact name of the Corporation <u>Champagne Painting Inc.</u>				
3. Principal office address <u>155 Spooner Ave</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	
4. Business Phone No. <u>401-451-6190</u>			5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Painting</u>						
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)</b>						
President Name <u>Christopher Champagne</u>			Vice-President Name			
Street Address <u>155 Spooner Ave</u>			Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	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
				<u>0</u>	<u>0</u>	<u>0</u>

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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  
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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.

Christopher Champagne 11/8/13  
 Signature of Authorized Representative Date  
 \_\_\_\_\_  
 Print or Type Name of Authorized Representative