



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

BENEFIT 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. 504988	2. Exact name of the Corporation Heroica's Painting, Inc.		
3. Principal office address 631 Douglas Avenue	City Providence	State RI	Zip 02908
4. Business Phone No. 401.641.9609	5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Interior and exterior painting in commercial and residential markets.			

7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Jhonny Leyva			Vice-President Name none		
Street Address 631 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jhonny Leyva			Treasurer Name none		
Street Address 631 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Benefit Officer (if applicable)			Benefit Director (if applicable)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

<input type="checkbox"/> Check if stock is publicly traded. 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
	100	STK	\$0.01

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
 JAN 15 2014
 1524

File Date _____
 Check No _____
 By: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

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.

1/9/14

 Signature of Authorized Representative Date
Jhonny Leyva, President
 Print or Type Name of Authorized Representative