



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.

688964

**Epaintbrush.com., Inc**

3. Principal office address: **22 Navy dr #102**, City: **N. Kingstown**, State: **Ri**, Zip: **02852**

4. Business Phone No.: **401-595-9607**, 5. State of Incorporation: **State of RI**

6. Brief description of the character of business conducted in Rhode Island: **Paint Sundry Importer**

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

President Name <b>Jason Yu</b>			Vice-President Name		
Street Address <b>22 Navy dr # 102</b>			Street Address		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Julie Yu</b>		
Street Address			Street Address <b>22 Navy dr. #102</b>		
City	State	Zip	City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

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

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

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	CNP	

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**

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: Date: 2/3/14

**FILED**

Print or Type Name of Authorized Representative: **Jason Yu**

FEB 03 2014  
 BY Ch 216399

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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