



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.

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**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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 FEB - 3 PM 3: 05

**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