



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 2011

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. 117124		2. Exact name of the Corporation AC Painting Decorating and Wallcovering			
3. Principal office address 83 S Rose St Suite 714		City East Providence	State RI	Zip 02914	
4. Business Phone No. 4014353334		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Painting and Wallpaper Contractors (Strip, Prep and Finish)					
PRESIDENT					
President Name Aldo Campanaro			Vice-President Name Fredy Santes ~ Include Officer		
Street Address 10 E Butterfly Way			Street Address 132 Chestnut Hill Ave Apt 2		
City Lincoln	State RI	Zip 02865	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)					
Director Name Joe Santes			Director Name Neftali Santes		
Street Address 132 Chestnut Hill Ave			Street Address 132 Chestnut Hill Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED					
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.					
9. SHARES ISSUED (SEE BOX FOR ATTACHMENT)					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
0		-		0	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 FEB 13 10:19 AM '13

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.

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 13 2014

Signature of Authorized Representative

6/24/13

Date

Aldo Campanaro
 Print or Type Name of Authorized Representative

49-217231
 A.A. 10.28 A.M.