



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** 2007

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

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 SECRETARIAT OF STATE  
 CORPORATIONS DIV  
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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: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 FEB 13 2014  
 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: Aldo Campanaro Date: 6/24/13  
 Print or Type Name of Authorized Representative: Aldo Campanaro  
 A.A. 10:24 A.M.