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 2004

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)**			

7. LIST OFFICERS NAMES AND ADDRESSES (CHECK BOX FOR ATTACHMENT) ☐

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

8. LIST ALL DIRECTORS NAMES AND ADDRESSES (CHECK 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

9. SHARES AUTHORIZED | **10. SHARES ISSUED (IF DOMESTIC CORPORATION)** ☐

	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	0	-	0

RECEIVED SECRETARY OF STATE CORPORATIONS DIV. 2014 FEB 13 AM 10:

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.

Signature of Authorized Representative — Date: 6/24/13

Print or Type Name of Authorized Representative: Aldo Campanaro

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

FILED
FEB 13 2014

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