RI SOS Filing Number: 201435833610 Date: 02/12/2014 4:00 PM

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.**

1. Entity ID No.	2. Exact name of the Corporation		
94919	Renaissance Painting, Inc.		
3. Principal office address: 2 Williams Street	City: Providence	State: RI	Zip: 02903
4. Business Phone No.: 401-333-2222	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: To carry on the general business of painting			

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

President Name: Anthony DiChiaro			Vice-President Name: Anthony DiChiaro		
Street Address: 2 Nipmuc Road			Street Address: Same		
City: Foster	State: RI	Zip: 02825	City:	State:	Zip:
Secretary Name: Helen B. DiChiaro			Treasurer Name: Anthony DiChiaro		
Street Address: Same			Street Address: Same		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

SECRETARY OF STATE CORPORATIONS DIV 2014 FEB 19 PM 1:21 RECEIVED

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
100	Common	No Par

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.

2-12-14
Signature of Authorized Representative — Date

Anthony DiChiaro
Print or Type Name of Authorized Representative

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

FILED
FEB 19 2014
By KMC
CK# 2495

Form No. 630
Revised: 01/2012

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