



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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|--|--|--|--------------------|---------------------|
| 1. Entity ID No. 53760 | | 2. Exact name of the Corporation MAINLINE PAINT MFG., CO. INC. | | |
| 3. Principal office address #768 Main Street | | City Pawtucket | State RI | Zip 02860 |
| 4. Business Phone No. (401) 726-3650 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island manufacturer | | | | |

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) WITH BOX FOR ATTACHMENT

| | | | | | |
|---|--------------------|---------------------|---|-------|-----|
| President Name Richard J. Main | | | Vice-President Name Richard J. Main | | |
| Street Address #768 Main Street | | | Street Address same | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip |
| Secretary Name Richard J. Main | | | Treasurer Name Richard J. Main | | |
| Street Address same | | | Street Address same | | |
| City | State | Zip | City | State | Zip |

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) WITH BOX FOR ATTACHMENT

| | | | | | |
|---|-------|-----|----------------|-------|-----|
| Director Name Richard J. Main | | | Director Name | | |
| Street Address same | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. SHARES AUTHORIZED **10. SHARES ISSUED (EX. 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 |
| | 2100 | 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.

FILED
 FEB 27 2014
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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.

Richard J. Main 2-24-14
 Signature of Authorized Representative Date
RICHARD J. MAIN / PRESIDENT
 Print or Type Name of Authorized Representative