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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
161563	I MEDINA PAINTING & REMODELING, INC.

3. Principal office address	City	State	Zip
14 WINDMILL LANE	RUMFORD	RI	02916

4. Business Phone No.	5. State of Incorporation
(401) 438-8771	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
painting and remodeling

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

President Name	Street Address	City	State	Zip
ILDEBERTO MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

Vice-President Name	Street Address	City	State	Zip
MARIA O. MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

Secretary Name	Street Address	City	State	Zip
MARIA O. MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

Treasurer Name	Street Address	City	State	Zip
ILDEBERTO MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

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

Director Name	Street Address	City	State	Zip
ILDEBERTO MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

Director Name	Street Address	City	State	Zip
MARIA O. MEDINA	14 WINDMILL LANE	RUMFORD	RI	02916

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

2014 MAR -3 PM 1 [illegible]
SECRETARY OF STATE CORPORATIONS DIV

9. 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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

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] 1/24/14
Signature of Authorized Representative Date

ILDEBERTO MEDINA
~~Print~~ or Type Name of Authorized Representative

File Date
Check No. 2443
BY
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 0 3 2014
BY CM 218940

Form No. 630
Revised: 01/2012

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