



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | | | | | |
|---|-------------|---|---|---|--------------|--------------|--|--------------|--|
| 1. Corporate ID No. 139932 | | 2. Name of Corporation Atlantis Painting and Contracting, Inc. | | | | | | | |
| 3. Street Address Principal Business Office 274 West Main Road | | | | City Portsmouth | State RI | Zip 02817 | | | |
| 4. Business Phone No. (401) 786-0139 | | | 5. State of Incorporation Rhode Island | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To do buildings, structural, construction, erection, dredging, shoring, wrecking, salvage and electrical work of every kind. General business of painting. | | | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | | |
| President Name John A. Horton, Jr. | | | | Vice President Name John A. Horton, Jr. | | | | | |
| Street Address 274 West Main Road | | | | Street Address 274 West Main Road | | | | | |
| City Portsmouth | State RI | Zip 02817 | City Portsmouth | State RI | Zip 02817 | | | | |
| Secretary Name John A. Horton, Jr. | | | | Treasurer Name John A. Horton, Jr. | | | | | |
| Street Address 274 West Main Road | | | | Street Address 274 West Main Road | | | | | |
| City Portsmouth | State RI | Zip 02817 | City Portsmouth | State RI | Zip 02817 | | | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | | |
| Director Name | | | | Director Name | | | | | |
| Street Address | | | | 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 (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 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. | | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| | | | | Number of Shares | | Class/Series | | Par Value | |
| | | | | 100 Shares | | | | No Par Value | |
| | | | | THIS SECTION MUST BE COMPLETED | | | | | |

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

MAR 12 2014

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File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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
John A. Horton, Jr.
Print or Type Name
President

Date

3/05/14

Title