



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 **2015**

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. 65215		2. Exact name of the Corporation Prism Painting and Wallcovering Inc			
3. Principal office address 2 Mara Lane			City No. Smithfield	State RI	Zip 02896
4. Business Phone No. 401-641-5302			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Painting and Wallcovering					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rodney C Gramolini			Vice-President Name Rodney C Gramolini		
Street Address 2 Mara Lane			Street Address 2 Mara Lane		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name Rodney C Gramolini			Treasurer Name Rodney C Gramolini		
Street Address 2 Mara Lane			Street Address 2 Mara Lane		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rodney C Gramolini			Director Name		
Street Address 2 Mara Lane			Street Address		
City No. Smithfield	State RI	Zip 02896	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
SEP 21 2015

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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.

Rodney C Gramolini **09/17/2015**
 Signature of Authorized Representative Date

Rodney C Gramolini
 Print or Type Name of Authorized Representative