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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 2013

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		
326140	F. P. Seaside Painting Co		
3. Principal office address: 574 Gravelly Hill Rd	City: Wakefield	State: R.I.	Zip: 02879
4. Business Phone No.: 401-742-1522	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: Retail & Commercial Painting			

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

President Name	Street Address	City	State	Zip
Frank A. Robinson IV	574 Gravelly Hill Rd	Wak.	R.I.	02879

Vice-President Name	Street Address	City	State	Zip
Paula Robinson	574 Gravelly Hill Rd	Wak.	R.I.	02879

Secretary Name	Street Address	City	State	Zip
Paula Robinson	Same			

Treasurer Name	Street Address	City	State	Zip
Frank A. Robinson IV	Same			

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

Director Name	Street Address	City	State	Zip
Frank A. Robinson IV	Same			
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Paula Robinson	Same			
Director Name	Street Address	City	State	Zip

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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
	1000		0

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.

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

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BY 241698
11:18

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.

F.A.R. IV — 23 Nov 15
Signature of Authorized Representative — Date

Frank A. Robinson III
Print or Type Name of Authorized Representative

Form No. 630075-4-1062649
Revised: 01/2012