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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 2011

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	Vice-President Name
Frank A. Robinson IV	Paula Robinson
Street Address: 574 Gravelly Hill Rd	Street Address: 574 Gravelly Hill Rd
City: Wak. State: R.I. Zip: 02879	City: Wak. State: R.I. Zip: 02879
Secretary Name	**Treasurer Name**
Paula Robinson	Frank A. Robinson IV
Street Address: Samp	Street Address: Samp
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
Frank A. Robinson IV	Paula Robinson
Street Address: Samp	Street Address: Samp
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) ☐		
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.

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BY 261698
11:16

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.

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. 630 — 1330075-6-1062645
Revised: 01/2012

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SECRETARY OF STATE
CORPORATIONS