



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 2016

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. 161563		2. Exact name of the Corporation I Medina Painting & Remodeling, Inc.			
3. Principal office address 14 Windmill lane			City East Providence	State RI	Zip 02916
4. Business Phone No. 401-438-8771		5. State of Incorporation 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) <input type="checkbox"/>					
President Name Ildberto Medina			Vice-President Name None		
Street Address 14 Windmill lane			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Secretary Name Ildberto Medina			Treasurer Name Ildberto Medina		
Street Address 14 Windmill lane			Street Address 14 Windmill lane		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ildberto Medina			Director Name None		
Street Address 14 Windmill lane			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Director Name None			Director Name None		
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
			200	Common	No Par Value

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 29 PM 1:55

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

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.

FEB 29 2016

[Signature]
 Signature of Authorized Representative

Date

BY M268916

Ildberto Medina

PRINT or Type Name of Authorized Representative