



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. 001355525		2. Exact name of the Corporation Mike Oster Painting, Inc.						
3. Principal office address 5 Joshua Street		City Westerly		State RI	Zip 02891			
4. Business Phone No. 401-864-8334		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Painting								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Michael Oster			Vice-President Name Michael Oster					
Street Address 5 Joshua Street			Street Address 5 Joshua Street					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
Secretary Name Michael Oster			Treasurer Name Michael Oster					
Street Address 5 Joshua Street			Street Address 5 Joshua Street					
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Michael Oster			Director Name					
Street Address 5 Joshua Street			Street Address					
City Westerly	State RI	Zip 02891	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
						100	CWP	\$1.00

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

Form No. 630
Revised: 01/2012

FILED

FEB 29 2016

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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.

Michael Oster
Signature of Authorized Representative

2/24/16
Date

Michael Oster

Print or Type Name of Authorized Representative