



**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. 688964		2. Exact name of the Corporation Epaint Brush, Com, INC			
3. Principal office address 22 Navy Dr #102			City N. Kingstown RI	State RI	Zip 02852
4. Business Phone No. 401-595-9607		5. State of Incorporation state of Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Paint Sundries importer					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Julie Yu			Vice-President Name		
Street Address 22 Navy Dr #102			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name Julie Yu		
Street Address			Street Address 22 Navy Dr #102		
City	State	Zip	City N. Kingstown	State RI	Zip 02852
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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 0	CLASS/SERIES	PAR VALUE 01

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.

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.

Signature of Authorized Representative: Julie Yu  
 Date: 3/14/16  
 Print or Type Name of Authorized Representative: Julie Yu

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 MAR 18 2016  
 1306 DS

BY \_\_\_\_\_