



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. 000153824		2. Exact name of the Corporation Liese & Elderkin Painting, Inc.			
3. Principal office address 10 Shadow Ridge Drive		City Richmond	State RI	Zip 02812	
4. Business Phone No. 401-419-8558		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island PROVIDING RESIDENTIAL AND COMMERCIAL PAINTING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JUSTIN LIESE			Vice-President Name JASON ELDERKIN		
Street Address 10 SHADOW RIDGE DRIVE			Street Address 6 TURNBULL LANE		
City RICHMOND	State RI	Zip 02812	City ASHAWAY	State RI	Zip 02804
Secretary Name JASON ELDERKIN			Treasurer Name JASON ELDERKIN		
Street Address 6 TURNBULL LANE			Street Address 6 TURNBULL LANE		
City ASHAWAY	State RI	Zip 02804	City ASHWAY	State RI	Zip 02804
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <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
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	common stock	0.01

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 21 2016

BY

KL 6539

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

Date

JUSTIN LIESE-PRESIDENT

Print or Type Name of Authorized Representative