



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2017
Corporation

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. 000568123		2. Name of Corporation Dennis Moffitt Painting, Ltd.			
3. Street Address Principal Business Office 1428 Kingstown Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 23		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island House painting, interior and exterior, and all things pertinent.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. Moffitt, Jr.			Vice President Name		
Street Address 1428 Kingstown Road			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Secretary Name Dennis M. Moffitt, Jr.			Treasurer Name Dennis M. Moffitt, Jr.		
Street Address 1428 Kingstown Road			Street Address 1428 Kingstown Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 shares common stock of \$.01 par value		

11. 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]
 Signature

Dennis M. Moffitt, Jr.
 Print or Type Name

President
 Title

FILED

[Date]
 Date

JAN 19 2017

BY *[Signature]*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040