



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. Entity ID Number 92991		2. Exact name of the Corporation OCEAN STATE PAINTING AND POWERWASHING, INC.			
3. Principal Office Address 24 JEANNETTE COURT			City EXETER	State RI	Zip 02822
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL PAINTING AND POWERWASHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN F MULLEN			Vice-President Name DEBRA D MULLEN		
Street Address 24 JEANNETTE COURT			Street Address 24 JEANNETTE COURT		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	COMMON	NO 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. <i>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.</i>					
Name of Authorized Representative KEVIN F MULLEN					Date 2/6/17
Signature of Authorized Representative <i>Kevin F Mullen</i>					

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

FILED
 10:27 FEB 08 2017
 BY *0295286*