



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 62886		2. Exact name of the Corporation R. I. Painting & Restoration Co., Inc.			
3. Principal Office Address 7 North Hillview Drive		City Narragansett		State RI	Zip 02882
4. NAICS Code 81 - Other Services (except <input checked="" type="checkbox"/>)		6. Brief description of the character of business conducted in Rhode Island interior and exterior painting of commercial and residential properties			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Everett A. Marabian, Jr.			Vice-President Name Lisa C. Marabian		
Street Address 7 North Hillview Drive			Street Address 7 North Hillview Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Everett A. Marabian, Jr.			Treasurer Name Everett A. Marabian, Jr.		
Street Address 7 North Hillview Drive			Street Address 7 North Hillview Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			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. 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.					
Name of Authorized Representative Everett A. Marabian, Jr.					Date 2-6-17
Signature of Authorized Representative <i>Everett A. Marabian, Jr.</i>					FILED

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

FEB 08 2017

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FORM 630 - Revised: 10/2016