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 **21756**	2. Exact name of the Corporation **ROGER'S PAINT SERVICE STORE, INC.**		
3. Principal Office Address **P.O. Box 406**	City **West Warwick**	State **RI**	Zip **02893**
4. NAICS Code **71 - Arts, Entertainment, and R**	6. Brief description of the character of business conducted in Rhode Island **Retail sales of paint and supplies**		
5. State of Incorporation **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **ANDREW BEAULIEU**			Vice-President Name		
Street Address **203 Pulaski Street**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	City	State	Zip
Secretary Name **ANDREW BEAULIEU**			Treasurer Name		
Street Address **203 Pulaski Street**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600 Shares	**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: **ANDREW BEAULIEU**

Date: 2/6/17

Signature of Authorized Representative: [signature]

SIGN DOCUMENT HERE

FILED FEB 10 2017 02

BY 23789

MAIL TO:
Division of Business Services