



AMENDED ANNUAL REPORT FOR 2015

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

AMENDED

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 506984
2. Exact name of the Corporation TONY MEDINA PAINTING CO., INC.
3. Principal office address 76 Walnut Street, City East Providence, State RI, Zip 02914
4. Business Phone No. 401-488-3207
5. State of Incorporation RHODE ISLAND
6. Brief description of the character of business conducted in Rhode Island painting contractor

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Antonio D. Medina, Vice-President Name Maria Medina, Street Address 13 Farm Road, City Rehoboth, State MA, Zip 02769
Secretary Name Antonio D. Medina, Treasurer Name Antonio D. Medina, Street Address 13 Farm Road, City Rehoboth, State MA, Zip 02769

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name, Street Address, City, State, Zip (Multiple empty rows for director information)

9. SHARES AUTHORIZED

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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.

Table with 3 columns: NUMBER OF SHARES (100), CLASS/SERIES (Common), PAR VALUE (No par value)

File Date, Check No, By:

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 Antonio D. Medina, Date 2-28-17

FOR SECRETARY OF STATE USE ONLY

FILED FEB 14 2017

Print or Type Name of Authorized Representative Antonio D. Medina

By A.A. 9:27 A.M.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

