

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) <input type="checkbox"/>				
President Name Antonio D. Medina		Vice-President Name Maria Medina		
Street Address 13 Farm Road		Street Address 13 Farm Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA
Secretary Name Antonio D. Medina		Treasurer Name Antonio D. Medina		
Street Address 13 Farm Road		Street Address 13 Farm Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				

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.

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.
Antonio D. Medina 2-28-17
 Signature of Authorized Representative Date

FILED
FEB 14 2017
 By A.A. 9:22 A.M.

Antonio D. Medina
 Print or Type Name of Authorized Representative