

AMENDED ANNUAL REPORT FOR 2016



**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 2016**

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. <b>506984</b>		2. Exact name of the Corporation <b>TONY MEDINA PAINTING CO., INC.</b>			
3. Principal office address <b>76 Walnut Street</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>401-488-3207</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>painting contractor</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Antonio D. Medina</b>			Vice-President Name <b>Maria Medina</b>		
Street Address <b>13 Farm Road</b>			Street Address <b>13 Farm Road</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Secretary Name <b>Antonio D. Medina</b>			Treasurer Name <b>Antonio D. Medina</b>		
Street Address <b>13 Farm Road</b>			Street Address <b>13 Farm Road</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
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
<b>9. SHARES AUTHORIZED</b>					
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.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No par value	

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: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

Form No. 630  
Revised: 01/2012

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* 2-8-17  
 Signature of Authorized Representative Date

**Antonio D. Medina**  
 Print or Type Name of Authorized Representative

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

Nellie M. Gorbea  
*Secretary of State*

