



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 120723		2. Exact name of the Corporation Bay Side Painting Inc.												
3. Principal Office Address 10 Elizabeth St.			City Riverside	State RI	Zip 02915									
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Painting Contractor												
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 David Fournier			Vice-President Name David Fournier											
Street Address 10 Elizabeth St.			Street Address 10 Elizabeth St.											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
Secretary Name David Fournier			Treasurer Name David Fournier											
Street Address 10 Elizabeth St.			Street Address 10 Elizabeth St.											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David Fournier			Director Name											
Street Address 10 Elizabeth St.			Street Address											
City Riverside	State RI	Zip 02915	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 <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">100</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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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. <i>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.</i>														
Name of Authorized Representative David Fournier				Date 2/18/17										
Signature of Authorized Representative 														

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

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