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	2. Exact name of the Corporation
139932	**ATLANTIS PAINTING AND CONTRACTING, INC.**

3. Principal Office Address	City	State	Zip
274 WEST MAIN ROAD	**PORTSMOUTH**	**RI**	**02871**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**TO DO BUILDINGS, STRUCTURAL, CONSTRUCTION, ERECTION, DREDGING, SHORING, WRECKING, SALVAGE AND ELECTRICAL WORK OF EVERY KIND. GENERAL BUSINESS OF PAINTING**
5. State of Incorporation: **RHODE ISLAND**	

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

President Name: **JOHN A. HORTON, JR.**			Vice-President Name: **JOHN A. HORTON, JR.**		
Street Address: **274 WEST MAIN ROAD**			Street Address: **274 WEST MAIN ROAD**		
City: **PORTSMOUTH**	State: **RI**	Zip: **02871**	City: **PORTSMOUTH**	State: **RI**	Zip: **02871**
Secretary Name: **JOHN A. HORTON, JR.**			Treasurer Name: **JOHN A. HORTON, JR.**		
Street Address: **274 WEST MAIN ROAD**			Street Address: **274 WEST MAIN ROAD**		
City: **PORTSMOUTH**	State: **RI**	Zip: **02871**	City: **PORTSMOUTH**	State: **RI**	Zip: **02871**

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
100 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: John A. Horton X — Date: 2/26/17

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

FILED
MAR 03 2017
BY 3202 DS

FORM 630 - Revised: 10/2016