



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -6 PM 1:23

1. Entity ID Number 000094919		2. Exact name of the Corporation Renaissance Painting, Inc.			
3. Principal Office Address 2 Williams Street		City Providence		State RI	Zip 02903
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To conduct the general business of painting			
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 Anthony DiChiaro			Vice-President Name Anthony DiChiaro		
Street Address 2 Nipmuc Road			Street Address Same		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Helen B. DiChiaro			Treasurer Name Anthony DiChiaro		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
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 Helen DiChiaro					Date 2-2017
Signature of Authorized Representative Helen DiChiaro					

FILED

MAR 06 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

By

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FORM 630 - Revised: 10/2016