



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 75397		2. Exact name of the Corporation H. Kachadourian Painting, Inc.												
3. Principal Office Address 5 Cider Lane			City Greenville	State RI	Zip 02828									
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island To provide painting and wallpapering services													
5. State of Incorporation														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Harry Kachadourian			Vice-President Name Suzanne Kachadourian											
Street Address 5 Cider Lane			Street Address 5 Cider Lane											
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828									
Secretary Name Michael Kachadourian			Treasurer Name Harry Kachadourian											
Street Address 18 Steere Street			Street Address 5 Cider Lane											
City Johnston	State RI	Zip 02919	City Greenville	State RI	Zip 02828									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Harry Kachadourian			Director Name Suzanne Kachadourian											
Street Address 5 Cider Lane			Street Address 5 Cider Lane											
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828									
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"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,000	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 Harry Kachadourian				Date 1/31/2017										
Signature of Authorized Representative 														

SIGN DOCUMENT HERE

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

MAR 13 2017

BY

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FORM 630 - Revised: 10/2016