



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 27 AM 11:37

1. Entity ID Number <b>000158277</b>		2. Exact name of the Corporation <b>S.J. O'Neil Painting, Inc.</b>			
3. Principal Office Address <b>9 Sykes Street</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>81 - Other Services (except <input type="checkbox"/>)</b>		6. Brief description of the character of business conducted in Rhode Island <b>Painting Company</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen J. O'Neil</b>			Vice-President Name <b>Stephen J. O'Neil</b>		
Street Address <b>9 Sykes Street</b>			Street Address <b>9 Sykes Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Stephen J. O'Neil</b>			Treasurer Name <b>Stephen J. O'Neil</b>		
Street Address <b>9 Sykes Street</b>			Street Address <b>9 Sykes Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>		<b>Common</b>		<b>.01</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Stephen J. O'Neil</b>					Date <b>3/20/17</b>
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 27 2017  
BY **JO 299315**