



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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BUS SVCS DIV

2017 MAR 31 PM 1:49

1. Entity ID Number <u>000123181</u>		2. Exact name of the Corporation <u>J+L PAINTING CO INC</u>			
3. Principal Office Address <u>25 WATSON DRIVE</u>			City <u>POKSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>PAINTING INTERIOR + EXTERIOR + WALLPAPER</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>LAURENCE F. HURLEY JR</u>			Vice-President Name <u>LAURENCE F. HURLEY JR</u>		
Street Address <u>25 WATSON DRIVE</u>			Street Address <u>25 WATSON DRIVE</u>		
City <u>POKSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>POKSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<u>100</u>		<u>NO PAR</u>
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 <u>LAURENCE F. HURLEY JR</u>				Date <u>3-31-17</u>	
Signature of Authorized Representative <u>Laurence F. Hurley Jr</u>				SIGN DOCUMENT HERE FILED	

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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FORM 630 - Revised: 02/2017