



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 OCT 18 PM 3:09
 02889

1. Entity ID Number 993520		2. Exact name of the Corporation J E J PROFESSIONAL PAINTING, INC.			
3. Principal Office Address 62 WHIPPLE AVE		City WARWICK		State RI	Zip 02889
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL PAINTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDILBERTO J. DUARTE		Vice-President Name			
Street Address 62 WHIPPLE AVE		Street Address			
City WARWICK	State RI	Zip 02889	City	State	Zip
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
		0			0.00
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 Edilberto J. Duarte				Date 10-17-2017	
Signature of Authorized Representative Edilberto Duarte				FILED	

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

OCT 18 2017
 BY **[Signature]**
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