



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.
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|---|--------------------|---|--------------|---------------------------|---------------------|
| 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/SLIP S | | 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 <i>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.</i> | | | | | |
| Name of Authorized Representative Edilberto J. Duarte | | | | Date 10-17-2017 | |
| Signature of Authorized Representative <i>Edilberto Duarte</i> | | | | 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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