



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
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 000046218		2. Exact name of the Corporation WESTERLY PAINTS, INC.			
3. Principal Office Address 85 Franklin Street			City Westerly	State RI	Zip 02891
4. NAICS Code 444120		6. Brief description of the character of business conducted in Rhode Island SELLING PAINT & WALLPAPER			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul R. Donahue			Vice-President Name Karen A. Donahue		
Street Address 11 Pierce Street			Street Address 11 Pierce Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Karen A. Donahue			Treasurer Name Paul R. Donahue		
Street Address 11 Pierce Street			Street Address 11 Pierce Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul R. Donahue			Director Name Karen A. Donahue		
Street Address 11 Pierce Street			Street Address 11 Pierce Street		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	None	
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					Date
Signature/of Authorized Representative <i>Karen A. Donahue</i>					

FILED
 SIGN DOCUMENT HERE 1-12-18
JAN 18 2018

BY *[Signature]* 18655