



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

5

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 506984		2. Exact name of the Corporation Tony Medina Painting Co., Inc.			
3. Principal Office Address 76 Walnut Street		City East Providence		State RI	Zip 02914
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Painting Contractor			
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 Antonio D. Medina			Vice-President Name Maria Medina		
Street Address 13 Farm Road			Street Address 13 Farm Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Antonio D. Medina			Treasurer Name Antonio Medina		
Street Address 13 Farm Road			Street Address 13 Farm Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
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
		100		Common	No Par Value
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 Antonio D. Medina				Date 2018 1/27/2017	
Signature of Authorized Representative <i>Antonio D. Medina</i>			SIGN DOCUMENT HERE FILED <i>02</i>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 29 2018

BY 103