RI SOS Filing Number: 201862339130 Date: 4/18/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 APR 18 AM 9:32

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	2. Exact name of the Corporation			
152517	HARRISON PAINTING AND PROPERTY MANAGMENT			
3. Principal Office Address		City	State	Zip
6 GARDEN AVE		GREENVILLE	R.I.	02828
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238320	PAINTING AND WALLPAPERING SERVICES			
5. State of Incorporation	TO BUY SELL MANAGE REAL ESTATE			
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
PAUL HARRISON					
Street Address			Street Address		
6 GARDEN AVE					
City	State	Zip	City	State	Zip
GREENVILLE	R.I.	02828			
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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	0.000

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
Paul R. Harrison	4-18-18

Signature of Authorized Representative: Paul R. Harrison — SIGN DOCUMENT HERE

FILED
APR 18 2018
BY C24323186

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

FORM 630 - Revised: 10/2017