



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

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION

2018 APR 18 AM 9:32

1. Entity ID Number <u>152517</u>		2. Exact name of the Corporation <u>HARRISON PAINTING AND PROPERTY MANAGEMENT</u>	
3. Principal Office Address <u>6 GARDEN AVE</u>		City <u>GREENVILLE</u>	State <u>R.I.</u>
		Zip <u>02828</u>	
4. NAICS Code <u>238320</u>	6. Brief description of the character of business conducted in Rhode Island <u>PAINTING AND WALLPAPERING SERVICES</u>		
5. State of Incorporation <u>R.I.</u>	TO BUY SELL UNWAS REAL ESTATE		
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>PAUL HARRISON</u>		Vice-President Name	
Street Address <u>6 GARDEN AVE</u>		Street Address	
City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>STK</u>
			<u>0.000</u>
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. <b>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.</b>			
Name of Authorized Representative <u>PAUL R. HARRISON</u>		Date <u>4-18-18</u>	
Signature of Authorized Representative <u>Paul R. Harrison</u>		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

APR 18 2018

BY C24323186

FORM 630 - Revised: 10/2017