RI SOS Filing Number: 201873789030 Date: 8/3/2018 4:00:00 PM

State of Rhode Island and	d Providence Plant	tations				 .~
Department of Sta			ivision			
Annual Report for the ye Corporation	ar: <u>20</u> 6	(
 → Filing period: January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 		ed by April 1.				
1. Entity ID Numbe	2. Exact name of	the Corporation	Sovi	o Paint	va vi	nc.
61 maple (nience			Ri Rojten	State	D806
4. NAICS Code 5. State of Incorporation		on of the character		onducted/in Rhode Isla	and	
7. List ALL officers (names and add	dresses)			Check th	ne box to indica	ite an attachment
President Name Henry Catanzan Tr.			Vice-President Name 1561166 Catanzaro			
Street Address ' 2 12000 d Vale D Cill			Street Address	oodvale -	Drive	
city bhaston	State	^{Zip} 0919	City \	nnston	State	^{Zip} 919
Secretary Name Oi (Mas l. (a)	Treasurer Name An John (atanzano)					
Street Address	Street Address					
city John Stone	State OI	2ip 00919	City	UN DIV	State	30919
8. List ACL directors (names and addresses) Check the box to indicate an attac Director Name Director Name						ite an attachment
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	· ·	State	Zıp
		10. Shares Issue				
Department of State. Changes require an additional filing.		1000 /			3	\$ 6.00
		7000				
11. This report must be executed of					ation is in the h	ands of a receiver or
trustee, this report must be execute Under penalty of perjury, I decla	re and affirm that	I have examined	this report, is	นอเซย ncluding any accomp	panying sched	lules and
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative					Date	-
Name of Authorized Representative hellee (atanzar)					8-1	-18

SIGN DOCUMINT HERE

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MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov