



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.

| | | | |
|---|--------------------|--|--------------------------|
| 1. Entity ID Number <u>095369</u> | | 2. Exact name of the Corporation <u>Catanzaro & Sons Painting Inc.</u> | |
| 3. Street Address <u>61 Maple Avenue</u> | | City <u>Barrington</u> | State <u>RI</u> |
| 4. NAICS Code <u>236118</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Home Improvement</u> | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Henry Catanzaro Jr.</u> | | Vice-President Name <u>Kellee Catanzaro</u> | |
| Street Address <u>2 Woodvale Drive</u> | | Street Address <u>2 Woodvale Drive</u> | |
| City <u>Johnston</u> | State <u>RI</u> | City <u>Johnston</u> | State <u>RI</u> |
| Zip <u>02919</u> | | Zip <u>02919</u> | |
| Secretary Name <u>Michael Catanzaro</u> | | Treasurer Name <u>Anthony Catanzaro</u> | |
| Street Address <u>22 Dix Ave</u> | | Street Address <u>22 Dix Ave</u> | |
| City <u>Johnston</u> | State <u>RI</u> | City <u>Johnston</u> | State <u>RI</u> |
| Zip <u>02919</u> | | Zip <u>02919</u> | |
| 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 | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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. | | 10. Shares Issued | |
| Changes require an additional filing. | | NUMBER OF SHARES <u>1000</u> | CLASS/SERIES <u>/</u> |
| | | PAR VALUE <u>\$ 0.00</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. | | | |
| 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 <u>Kellee Catanzaro</u> | | Date <u>8-1-18</u> | |
| Signature of Authorized Representative | | SIGN DOCUMENT HERE | |