



State of Rhode Island and Providence Plantations

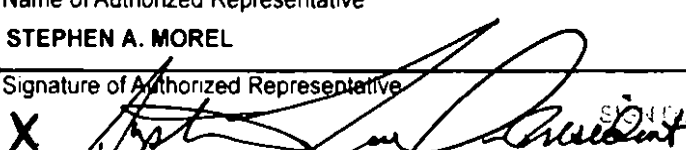
Department of State - Business Services Division

Annual Report for the year: **2019**
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

2019 JAN 25 PM 1:44

1. Entity ID Number 59771		2. Exact name of the Corporation COMMERCIAL PAINTING, INC.			
3. Principal Office Address 75 BEVERAGE HILL AVENUE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island PAINTING			
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 STEPHEN A. MOREL			Vice-President Name STEPHEN A. MOREL		
Street Address 75 BEVERAGE HILL AVENUE			Street Address 75 BEVERAGE HILL AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860d
Secretary Name LYNNE M. MOREL			Treasurer Name STEPHEN A. MOREL		
Street Address 75 BEVERAGE HILL AVENUE			Street Address 75 BEVERAGE HILL AVENUE		
City PAWTUCKET	State RI	Zip 02860d	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN A. MOREL			Director Name NONE		
Street Address 75 BEVERAGE HILL AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name NONE			Director Name NONE		
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		
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. <i>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.</i>					
Name of Authorized Representative STEPHEN A. MOREL					Date 1-8-19
Signature of Authorized Representative  FILED					

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

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BY CK# 35191 FORM 630 - Revised: 10/2017