



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 DIV

2019 FEB 11 AM 8:37

1. Entity ID Number 001683673		2. Exact name of the Corporation ANAWAN PAINT, INC.			
3. Principal Office Address 16 Pine Grove Road			City Rehoboth	State MA	Zip 02769
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island Residential and Commercial Painting			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James M. Smith			Vice-President Name		
Street Address 16 Pine Grove Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name James M. Smith			Treasurer Name James M. Smith		
Street Address 16 Pine Grove Road			Street Address 16 Pine Grove Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James M. Smith			Director Name		
Street Address 16 Pine Grove Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE \$400.00
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 James M. Smith					Date
Signature of Authorized Representative <i>James M. Smith</i>					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

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FORM 630 - Revised: 10/2017

BY *Cu 624/25*