RI SOS Filing Number: 201986467030 State of Rhode Island and Providence Plantations

Date: 2/11/2019 4:00:00 PM

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.

	FILED
	FEB 1 1 2019
BY_	1168100

1. Entity ID Number	2. Exact nam	ne of the Corporation	n				
993520	J E J PROFESSIONAL PAINTING, INC.						
3. Principal Office Address 62 WHIPPLE AVE			City WARWICK	<u> </u>	State RI	Zip 02889	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238320	RESIDENTIAL PAINTING						
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and	addresses)				the box to in	ndicate an attachment 🔲	
President Name EDILBERTO J.	Vice-President Name						
Street Address 62 WHIPPLE AV	Street Address						
City WARWICK	State RI	Zip 02889	City		State	Zip	
ecretary Name			Treasurer Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names an	d addresses)					ndicate an attachment	
Director Name JULIO SALAZAI	Director Name	Director Name JOSE URRIAGA MEDINA					
Street Address 241 HARRISON	Street Address 392 BROAD ST.						
City PAWTUCKET	State RI	^{Zip} 02860	City CUMBE	RLAND	State RU	O2864	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
Q Shares Authorized	 	10. Shares Iss	sued	Check	the box to it	ndicate an attachment	
Shares Authorized This information is currently of record in the		NUMBER O			CLASS/SERIES PAR VALUE		
Department of State.		100		COMMON	COMMON NONE		
Changes require an additional fil	ing.						
11. This report must be execute	d on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in t	he hands of a receiver or	
trustee, this report must be exe	cuted on behalf o	f the corporation by	the receiver or t	rus <u>tee. </u>			
Under penalty of perjury, I de	clare and affirm	that I have examin	ed this report, i	including any accor	npanying s	cnequies and	
statements, and that all state Name of Authorized Represent	IU CONTECT.	Date . ~					
EDILBERTO J. DUARTE				02/04/19			
Signature of Authorized Repres	entative,	SIGN DO	CUMENT HERE				
CHUBINO EL	Me						

MAIL TO:

Division of Business Services

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

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