



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

FEB 14 2019

BY 1972

1. Entity ID Number 109611		2. Exact name of the Corporation Rhody Painting, Inc.												
3. Principal Office Address 83 Old River Road			City Lincoln	State RI	Zip 02865									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Painting and wallpapering of both commercial and residential real estate.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joseph McVeigh			Vice-President Name Joseph McVeigh											
Street Address 83 Old River Road			Street Address 83 Old River Road											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
Secretary Name Joseph McVeigh			Treasurer Name Joseph McVeigh											
Street Address 83 Old River Road			Street Address 83 Old River Road											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
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	Zip	City	State	Zip									
Director Name			Director Name											
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">common</td> <td style="text-align: center;">none</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	common	none			
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50	common	none												
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 Joseph McVeigh				Date 2-12-2019										
Signature of Authorized Representative 			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