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

FILED
FEB 15 2019
BY 105110

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.

1. Entity ID Number	2. Exact name of the Corporation		
46813	Quality Paint & Wallpaper, Inc.		
3. Principal Office Address	City	State	Zip
119 Maple Avenue	Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
444120	Retail sales of paints, wallpaper, etc. and exterior and interior painting.		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Stanley R. Szczepanek, Jr.			Vice-President Name: Jeffrey Szczepanek		
Street Address: 123 Wheeler Street			Street Address: 60 Donald Lewis Drive		
City: Rehoboth	State: MA	Zip: 02769	City: Seekonk	State: MA	Zip: 02771
Secretary Name: Stanley R. Szczepanek, Jr.			Treasurer Name: Jeffrey Szczepanek		
Street Address: 123 Wheeler Street			Street Address: 60 Donald Lewis Drive		
City: Rehoboth	State: MA	Zip: 02769	City: Seekonk	State: MA	Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Stanley R. Szczepanek, Jr.			Director Name: Jeffrey Szczepanek		
Street Address: 123 Wheeler Street			Street Address: 60 Donald Lewis Drive		
City: Rehoboth	State: MA	Zip: 02769	City: Seekonk	State: MA	Zip: 02771
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No 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.

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	Date
Stanley R. Szczepanek, Jr., President	2/7/19

Signature of Authorized Representative: X Stanley R. Szczepanek 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

FORM 630 - Revised: 10/2017