



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

FILED

Annual Report for the year: 2019
Corporation

FEB 15 2019

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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 10510

1. Entity ID Number 46813		2. Exact name of the Corporation Quality Paint & Wallpaper, Inc.			
3. Principal Office Address 119 Maple Avenue			City Barrington	State RI	Zip 02806
4. NAICS Code 444120		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Stanley R. Szczepanek, Jr., President					Date 2/7/19
Signature of Authorized Representative <i>Stanley R. Szczepanek, Jr.</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.n.gov