RI SOS Filing Number: 201987909340 Date: 2/27/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2019

RECEIVED SECRETARY TO ISTATE CORPORATIONS DIV

2019 FEB 22 PH 4: 08

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by April 1

7 Totally: Moditional \$25.00 to		00 0 y 7 (pm 1.					
1 Entity ID Number 2. Exact name of the Corporation O(XXX) 89 4344 AR POINT OG AND RENDVATION TOC							
Joseph January Company of the Compan							
3. Principal Office Address 37 Memick	5+	•	Parst	icket	R	D7860	
NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
238320 5. State of Incorporation	Painting						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Alex Rodriguez			Vice-President Name				
Street Address 31 Merrick St			Street Address				
Pawtucket	State	^{Zip} 02860	City		State	Zıp	
Secretary Name		Treasurer Name					
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
8 List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Alex Rodriquez			Director Name				
Street Address 37 merci CK 5+		Street Address					
Pawtucket	State	10 2860	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
9. Shares Authorized	Shares Authorized 10. Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SH	NUMBER OF SHARES CLASS/SFRIES PAR VAL			PAR VALJE	
Department of State. Changes require an additional filing.		1				.0/	
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							
Allx Rodn'scus FILED (02/32/3019) Signature of Authorized Representative							
SIGN DOCUMENT HERE 4:08							
FEB 2 2 2017							

MAIL TO:

Division of Business Services

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

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