



State of Rhode Island and Providence Plantations

## 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.

**STAMP**FOR  
SECRETARY OF STATE  
FILE

1. Entity ID Number <b>75397</b>		2. Exact name of the Corporation <b>H. Kachadourian Painting, Inc.</b>			
3. Principal Office Address <b>5 Cider Lane</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>23-Construction</b> <i>212321</i>		6. Brief description of the character of business conducted in Rhode Island <b>To provide painting and wallpapering services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harry Kachadourian</b>			Vice-President Name <b>Suzanne Kachadourian</b>		
Street Address <b>5 Cider Lane</b>			Street Address <b>5 Cider Lane</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>Michael Kachadourian</b>			Treasurer Name <b>Suzanne Kachadourian</b>		
Street Address <b>18 Steere Street</b>			Street Address <b>5 Cider Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harry Kachadourian</b>			Director Name <b>Suzanne Kachadourian</b>		
Street Address <b>5 Cider Lane</b>			Street Address <b>5 Cider Lane</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		Common		No Par	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Harry Kachadourian</b>				Date <b>1/31/19</b>	
Signature of Authorized Representative <i>Harry Kachadourian</i>				SIGN DOCUMENT HERE <b>1189 DS</b>	

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