



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
CorporationRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 12 PM 1:11

→ 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 <u>1081149</u>		2. Exact name of the Corporation <u>Miranda Painting Services Inc.</u>	
3. Principal Office Address <u>59 Bates rd</u>		City <u>Frammingham</u>	State <u>MA</u>
		Zip <u>01702</u>	
4. NAICS Code <u>238160</u>	6. Brief description of the character of business conducted in Rhode Island <u>Painting Service</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>GLAYDSO N</u> <u>COE LHO</u>		Vice-President Name	
Street Address <u>59 Bates RD</u>		Street Address	
City <u>Frammingham</u>	State <u>ma</u>	Zip <u>01702</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>0</u>
		FAR VALUE <u>0</u>	
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 <u>GLAYDSO N</u> <u>COE LHO</u>		Date <u>4/12/2019</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

APR 12 2019
BY H65PS A.A. 1:13pm