



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.

FILED

APR 15 2019

BY

1004

1. Entity ID Number 92716		2. Exact name of the Corporation PrimeCo Painting, Inc.			
3. Principal Office Address 116 Tupelo Street, Unit 8			City Bristol	State RI	Zip 02777
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Commercial and Residential Painting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony J. Santoro, Jr.			Vice-President Name None		
Street Address 30 Anchorage Court			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE None
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 Anthony J. Santoro, Jr.				Date 4/10/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	