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State of Rhode Island and Providence Plantations

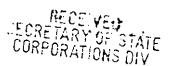
## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2019 MAY -6 PH 4: 07

Penarty: Additional \$25.00 f		• •					
1. Entity ID Number <b>506959</b>	2. Exact name of the Corporation  A & G Painting, Inc.						
Principal Office Address			City		State	Zip	
70 Melrose Street			Cranston		RI	02910	
4. NAICS Code 23-Construction 238320	6. Brief description of the character of business conducted in Rhode Island  Painting						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and ad-	dresses)			Check t	he box to ir	ndicate an attachment	
President Name Antonia Verrill				Vice-President Name Antonia Verrill			
Street Address 70 Melrose Street				Street Address 70 Melrose Street			
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State RI Zip 02910		
Secretary Name Antonia Verrill				Treasurer Name Antonia Verrill			
Street Address 70 Melrose Street			Street Address 70 Melrose Street				
City Cranston	State RI	Zip <b>02910</b>	City Cransto	n	State RI	<sup>Zip</sup> 02910	
8. List ALL directors (names and a	ddresses)		k	Check t	the box to in	ndicate an attachment	
Director Name Antonia Verrill			Director Name	Director Name			
Street Address 70 Melrose Street			Street Address	Street Address			
City Cranston	State RI	Zip 02910	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<del></del>	State	Zip	
Shares Authorized his information is currently of record in the			10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment   CLASS/SERIES PAR VALUE		
Department of State.		200		Common	Common Ni		
Changes require an additional filing.	•						
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		
Antonia Verrill					05-06-19		
Signature of Authorized Represent	enill	SIGN DO	CUMENT HERE	FILE			
					-		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov MAY 0 6 2019 4:08

BY CM ZRCM3 FORM 630 - Revised: 10/2017