

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

Form 630 Rev. 12/03

401.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation LEVINE PAINTING & WALLCOVERING CO., INC. 135532 3. Street Address Principal Business Office 02882 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island PAINTING, WALLCOVERING ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Director Name Street Address Street Address City State Ζip Cliv State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) □ AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 100 NO PAR VALUE NUNE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date



Office of the Secretary of State

Matthew A. Brown, Secretary of State

ວຍເປັນໃຊ້ເຄີຍໃຊ້ ປະເທດ 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004	
---	------	--

illing Period: January 1 · M	farcb 1 • F	NNUAL REPOR	T FOR THE YEAL	R20	04	
. Corporate ID No.	<u>, </u>	nion				
135532	2. Name of Corporation LEVINE PAINTING & WALLCOVERING CO., INC.					
Street Address Principal Business	Office		NAMANASIT	State NL	2.1000	
Business Phone No. 416	/	5. State of Incorporation			6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island)			
PAINTING, WALLCOVE	RING .					
NAMES AND ADDRESSES estdent Name	OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) TILL IN S	PACES BEFORE USI	NG ATTACHMENTS	
NATHAN LEWING			NATITAN LEVICE			
Sirver Address HIZ WAY) 1+122 ROAD Sirver Address State RI ROAD ZIP CLEFT			Survey Address AND HILL ROAD			
" A AA ACAN SO	State RI	21p 0788X	NAMAKAN SET		CIPTI	
Ceretary Plane NATHAN LEUINE			NATHAN LEVING			
Sirect Address L. J. Wall HILL ROOT City WANN ALANSON State RI ZIP CHIPL			Sirver Address Los Word HILL ROAD City NAME ON STATE RE RE RE RE RE RE RE RE RE			
WATH ALANGET. NAMES AND ADDRESSES	State R. L	TORS: ("X" BOX FOR A	City NAME POWER ITTACHMENT) FILL IN	State SPACES BEFORE U	ZIP CHFFL SING ATTACHMENTS	
trector Name NATITAN LEV			Director Name	· .		
Sirect Address H. J. HARD HILL ROSS City NAAA AGON KA TOP 210 24872			Street Address			
NALLAGON &	State RZ	21p 882	City'	State	Ζ(ρ	
frector Name	••••••		Director Name			
Sirevi Address			Street Address			
lly:	State	Zψ	City	State	Zip	
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTA	CHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			100		_	
	· · ·					
This same a war ha	cianad in int. b.	sither the Dresident Mar	President, Secretary, Assista	nt Secretary Treasure	er Receiver or Trustee	
ims report must be	argueu in ink Oy	cities the resident, vici	e i resident, sectetaly, ressista	occiency, measure	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1 7 5 5 7				m that I have examined this n statements, and that all states	
Signal Dark	+ =(V)=0	<u></u> *	contained herein are	• • •	Jan 14,04	
File Date			Signature of Officer	10	Date	
Check No. FEB 0 2 2004			NATHAN LEVINIA			
Ву:	10000		Print or Type Name of	f Officer		
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer			