



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 1690728		2. Exact name of the Corporation RV Painting Inc										
3. Principal Office Address 302 Central St		City Central Falls	State RI									
4. NAICS Code 238320		5. Brief description of the character of business conducted in Rhode Island Painting										
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Sergio Rodriguez		Vice-President Name Carlos Veliz										
Street Address 99 SUMMIT AV Central Falls RI 02863		Street Address 302 Central St Central Falls RI 02863										
City	State	City	State									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
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	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		1.00			
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0		1.00										
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 Sergio Rodriguez		Date MAY -17-2019										
Signature of Authorized Representative Sergio Rodriguez		FILED SEP 17 2019 BY 24651										