



RI SOS Filing Number: 202033171120 Date: 1/23/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
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 STAMP

JAN 23 2020

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1. Entity ID Number 62886		2. Exact name of the Corporation R.I. Painting & Restoration Co., Inc.			
3. Principal Office Address 7 North Hillview Drive		City Narragansett		State RI	Zip 02882
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island interior and exterior painting of commercial and residential properties			
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 Everett A. Marabian, Jr.		Vice-President Name Lisa C. Marabian			
Street Address 7 North Hillview Drive		Street Address 7 North Hillview Drive			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Everett A. Marabian, Jr.		Treasurer Name Everett A. Marabian, Jr.			
Street Address 7 North Hillview Drive		Street Address 7 North Hillview Drive			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		100	Common	No par value	
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 Everett A. Marabian, Jr.				Date 1-17-20	
Signature of Authorized Representative <i>Everett A. Marabian, Jr.</i>		SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov