



RI SOS Filing Number: 202033691600 Date: 2/3/2020 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

FEB 03 2020

BY

38201 OS

1. Entity ID Number 51975		2. Exact name of the Corporation THE METICULOUS PAINT JOB, INC.			
3. Principal Office Address 1518 GREEN END AVENUE		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island PAINTING AND WATERPROOFING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT J. AMADO			Vice-President Name NONE		
Street Address 1518 GREEN END AVENUE			Street Address		
City MIDDLETOWN		State RI	Zip 02842	City	State Zip
Secretary Name NONE			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	State Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name NONE		
Street Address			Street Address		
City		State RI	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NONE		0
					0
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 Robert J. Amado				Date Jan 10, 2020	
Signature of Authorized Representative					
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

FORM 630 - Revised: 10/2017