



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

MAR 05 2020

STAMP

1399

1. Entity ID Number 001355525		2. Exact name of the Corporation Mike Oster Painting, Inc.			
3. Principal Office Address 5 Joshua Street			City Westerly	State RI	Zip 02891
4. NAICS Code 231100		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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Oster			Vice-President Name Michael Oster		
Street Address 5 Joshua Street			Street Address 5 Joshua Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Michael Oster			Treasurer Name Michael Oster		
Street Address 5 Joshua Street			Street Address 5 Joshua Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Oster			Director Name		
Street Address 5 Joshua Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
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		
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 Michael Oster				Date 2/27/2020	
Signature of Authorized Representative				SIGN DOCUMENT HERE	