



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

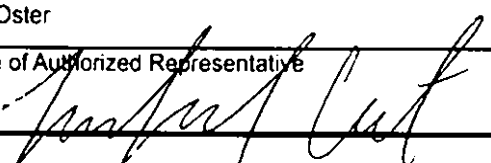
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

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| | | | | | |
|---|---|---|---|-------------|--------------------|
| 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 23110 | 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 |
| | | | 100 | | CWP |
| | | | | | PAR VALUE |
| | | | | | \$1.00 |
| 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 |