



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
 6911

1. Entity ID Number 000083181		2. Exact name of the Corporation Cranston Paint and Wallcovering, Inc.			
3. Principal Office Address 386 Atwood Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 238230		6. Brief description of the character of business conducted in Rhode Island To conduct and engage in the business of paint and wallcovering store.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William McGuirk			Vice-President Name William McGuirk		
Street Address 386 Atwood Avenue			Street Address 386 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name William McGuirk			Treasurer Name William McGuirk		
Street Address 386 Atwood Avenue			Street Address 386 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William McGuirk			Director Name		
Street Address 386 Atwood Avenue			Street Address		
City Cranston	State RI	Zip 02920	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		CLASSIFICATIONS
			PAR VALUE		
			1,000		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 				Date 3/25/20	
Signature of Authorized Representative					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov