



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

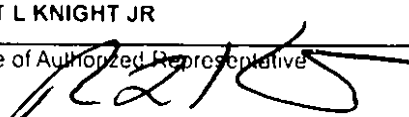
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

APR 02 2020

329

1. Entity ID Number 789381		2. Exact name of the Corporation RAINBOW SUPPLIES INC			
3. Principal Office Address 101 MESSINA DRIVE			City BRAINTREE		State MA
					Zip 02184
NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island SALES - AUTO BODY PAINT AND SUPPLIES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT L KNIGHT JR			Vice-President Name ROBERT L KNIGHT JR		
Street Address 101 MESSINA DRIVE			Street Address 101 MESSINA DRIVE		
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
Secretary Name ROBERT L KNIGHT JR			Treasurer Name ROBERT L KNIGHT JR		
Street Address 101 MESSINA DRIVE			Street Address 101 MESSINA DRIVE		
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT L KNIGHT JR			Director Name		
Street Address 101 MESSINA DRIVE			Street Address		
City BRAINTREE	State MA	Zip 02184	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS-SERIES		
			PART VALUE		
			NP		
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 L KNIGHT JR				Date 03/01/19	
Signature of Authorized Representative 					

SOS-10000001-N-1-1-1-1

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov