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

FILED
APR 02 2020
BY 329

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.

1. Entity ID Number	2. Exact name of the Corporation		
789381	RAINBOW SUPPLIES INC		
3. Principal Office Address	City	State	Zip
101 MESSINA DRIVE	BRAINTREE	MA	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.	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
Changes require an additional filing.	100		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	Date
ROBERT L KNIGHT JR	03/01/19

Signature of Authorized Representative

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