



State of Rhode Island

Department of State - Business Services Division

FILED

SEP 10 2020

BY

2100 OS

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 001673980 | | 2. Exact name of the Corporation OLD SCHOOL PAINTING, INC | | | |
| 3. Principal Office Address 10 SULLIVAN TERRACE | | | City BARRINGTON | State RI | Zip 02806 |
| 4. NAICS Code 238320 | | 6. Brief description of the character of business conducted in Rhode Island PAINTING CONTRACTOR | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name VINCENT W. PAGNANO | | | Vice-President Name VINCENT W. PAGNANO | | |
| Street Address 10 SULLIVAN TERRACE | | | Street Address 10 SULLIVAN TERRACE | | |
| City BARRINGTON | State RI | Zip 02806 | City BARRINGTON | State RI | Zip 02806 |
| Secretary Name KAREN SHACKETT | | | Treasurer Name VINCENT W. PAGNANO | | |
| Street Address 10 SULLIVAN TERRACE | | | Street Address 10 SULLIVAN TERRACE | | |
| City BARRINGTON | State RI | Zip 02806 | City BARRINGTON | State RI | Zip 02806 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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/SERIALS | | |
| | | | PAR VALUE | | |
| | | | 1000 | | |
| | | | CNP | | |
| | | | 0.0 | | |
| 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 VINCENT W. PAGNANO | | | | Date 9/4/2020 | |
| Signature of Authorized Representative <i>X Vincent Pagnano</i> | | | | | |