



State of Rhode Island

## Department of State - Business Services Division

FILED

SEP 10 2020

BY 2100 OSAnnual 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0.0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	1000	CNP	0.0			
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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. <b>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.</b>														
Name of Authorized Representative VINCENT W. PAGNANO				Date 9/4/2020										
Signature of Authorized Representative <i>X Vincent Pagnano</i>														

MAIL TO:  
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