RI SOS Filing Number: 202188124170 Date: 1/27/2021 4:00:00 PM



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

FILED
STAMP
STAMP JAN <b>2 7</b> 2021
1/02
BY_ ( ( ) ( )

ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2021 Corporation

Filing Period: January 1 - March 1
Filing Fee: \$50.00
Penalty: Additional \$25.00 fee if form is not filed by April 1

Corporate ID No. 000568123	2. Name of Corporation Dennis Moffitt Painting, Ltd.				
3. Street Address Principal Business Office 1428 Kingstown Road		South Kingstown	State RI	<sup>Zip</sup> 02879	
/ 1/21 . // /		5. State of Incorporation Rhode Island	on		
House painting, interior	or and exterior,	and all things pertinent.  FICERS: ("X" BOX FOR ATT.	ACHMENT) FILL, IN	SPĀCES BEFORE U	SING ATTACHMENTS
Dennis M. Moffitt, Jr.					
Street Address 1428 Kingstown Road	1		Street Address		
City South Kingstown	State R1	71p 02879	City	State	Zip
Secretary Name Dennis M. Moffitt, Jr.			Treasurer Name Dennis M. Moffitt, Jr.		
Street Address 1428 Kingstown Road			Street Address 1428 Kingstown Road		
City South Kingstown	State R1	21p 02879	City South Kingstown	State R1	<sup>Ζιρ</sup> 02879
Street Address		Street Address			
City	State	Zip	Clty	State	Zip
Director Name	J	J	Director Name	<u> </u>	
Street Address			Street Address		
Ctty	State	Zıp	City	State	Zip
9. SHARES AUTHORIZE	D: ("X" BOX FO	R ATTACHMENT)	10. SHARES ISSUED	: ("X" BOX FOR ATT	ACHMENT)
			ISSUED SHARES - THIS SECTION MUST BE COMPLETED   Number of Shares   Class/Series   Par Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			100 shares common s	1	
instruction sheet.		.30 0.00.00	7.03% O. 4.01 Pai 401		
11. This report must be ex	ecuted on hebalf	of the corporation by an autl	orized representative 16	the corporation is in t	he hands of a receiver o
rustee, this report must be	executed on be	half of the corporation by the	e receiver or trustee.	the corporation is in t	ne nanus of a feceiver o
der penalty of perjury, I decla	re and offirm that	I have examined this report, incl	uding any accompanying sc	hedules and statements	. and that all statements
tained herein are true and co	orrect.		.4 . 4hm.3 <b>6</b>		,
Legais Ma	JUK			21/19/21	
giature	<u>V</u>	<del></del>		Date	
ennis M. Moffitt, Jr.	<u>-</u>	<del></del>			
int or Type Name	_				-
resident	. <u> </u>				
ile					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040