

State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 18 2021

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1. Entity ID Number 001682215		2. Exact name of the Corporation VLAD'S PAINTING, INC			
3. Principal Office Address 25 LINCOLN STREET			City JAMESTOWN	State RI	Zip 02835
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	CONSTRUCTION - PAINTING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name VLADIMIR VAZIKOV			Vice-President Name		
Street Address 25 LINCOLN STREET			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name VLADIMIR VAZIKOV			Treasurer Name VLADIMIR VAZIKOV		
Street Address 25 LINCOLN STREET			Street Address 25 LINCOLN STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name VLADIMIR VAZIKOV			Director Name		
Street Address 25 LINCOLN STREET			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE
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 2-13-21
Signature of Authorized Representative VLADIMIR VEZIKOV					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov