RI SOS Filing Number: 202193289330 Date: 2/26/2021 4:00:00 PM

State of Rhode Island Department of S  Appual Report for the	Division	ivision ————————————————————————————————————					
Annual Report for the year: 2021 Corporation					mmn	2021	
<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>			FEB 26 2021 B _ (UQ)()S				
1. Entity ID Number 993520		2. Exact name of the Corporation JEJPROFESSIONAL PAINTING, INC.					
Principal Office Address     WHIPPLE AVE			City WARWICK		State RI	Zıp 02889	
4. NAICS Code	6. Brief descr	ption of the charac	ter of business c	onducted in Rhode Isl	and		
238320	RESIDENTIA	RESIDENTIAL PAINTING					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and	addresses)				ne box to in	ndicate an attachment	
President Name EDILBERTO J.	Vice-President Name						
Street Address 62 WHIPPLE AVE			Street Address				
City WARWICK	State RI	<sup>2ip</sup> 02889	City		State	Zip	
Secretary Name		Treasurer Name					
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
8. List ALL directors (names an	d addresses)		<u> </u>	Check tl	ne box to ii	ndicate an attachment	
JULIO SALAZAR ROJAS			Director Name JOSE URRIAGA MEDINA				
Street Address 36 KOSSUTH ST.			Street Address 392 BROAD ST.				
City PAWTUCKET	State RI	Zip 02860	City CUMBERLAND		State RI	Z <sub>1</sub> ρ 02864	
Director Name		-	Director Name	Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss				he box to indicate an attachment	
This information is currently of record in the Department of State.		100	SHARES	C_ASS/SERIES PAR VALUE  COMMON NONE		·	
Changes require an additional filing.							
11. This report must be execute trustee, this report must be exe		•		· ·	ation is in t	he hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm t	hat I have examin	ed this report, is		anying s	chedules and	
Name of Authorized Represent		Date					
EDILBERTO J. DUARTE				02/14/2021			
Signature of Authorized Repres	sentative A	I UN IK	guith a said				
CAURISE'	(Xuanse			• • • • • • • • • • • • • • • • • • • •	•		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov