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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 17 A 9:07

1. Entity ID Number	2. Exact name of the Corporation		
001673111	Hamel Painters, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
1257 Worcester Rd, #270	Framingham	MA	01701
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
236118	Insurance Property Damage Reconstruction Contractor		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Nathaniel E Hamel			Vice-President Name None		
Street Address 1257 Worcester Rd, #270			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Secretary Name Nathaniel E Hamel			Treasurer Name Nathaniel E Hamel		
Street Address 1257 Worcester Rd, #270			Street Address 1257 Worcester Rd #270		
City Framingham	State MA	Zip 01701	City Framingham	State MA	Zip 01701

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name Matthew R Hamel			Director Name None		
Street Address 1257 Worcester Rd #270			Street Address		
City Framingham	State MA	Zip 01701	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CWP	.01

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
Nathaniel E Hamel	3/16/21

Signature of Authorized Representative: Nathaniel E Hamel

FILED 9:11

MAR 17 2021

BY [illegible]

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020