



State of Rhode Island

Department of State - Business Services Division

Annual 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.

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BUS SVCS DIV

2021 MAR 17 A 9:07

1. Entity ID Number 001673111		2. Exact name of the Corporation Hamel Painters, Inc.												
3. Principal Office Address 1257 Worcester Rd, #270			City Framingham	State MA	Zip 01701									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Insurance Property Damage Reconstruction Contractor												
5. State of Incorporation Massachusetts														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
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/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CWP</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CWP	.01			
			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 Nathaniel E Hamel				Date 3/16/21										
Signature of Authorized Representative <i>Nathaniel E Hamel</i>														

FILED 9:10

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

MAR 17 2021
BY *gpb 72CK5*

FORM 630 - Revised: 08/2020