



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019  
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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R.I. DEPT. OF STATE  
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Nathaniel E Hamel		Vice-President Name None	
Street Address 1257 Worcester Rd, #270		Street Address	
City Framingham	State MA	Zip 01701	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Matthew R Hamel		Director Name None	
Street Address 1257 Worcester Rd #270		Street Address	
City Framingham	State MA	Zip 01701	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		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 9:09	

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 *JP 72CKS*

FORM 630 - Revised: 08/2020