



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.

RECEIVED  
 R.I. DEPT. OF STATE

1. Entity ID Number <b>1680485</b>		2. Exact name of the Corporation <b>E MOURA PAINTING, INC</b>	
3. Principal Office Address <b>47 ELMWOOD AVE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>
		Zip <b>02842</b>	
4. NAICS Code <b>236110</b>	6. Brief description of the character of business conducted in Rhode Island <b>PAINTING SERVICES</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ELAINE G. S. MOURA</b>		Vice-President Name <b>ELAINE G. S. MOURA</b>	
Street Address <b>47 ELMWOOD AVE</b>		Street Address <b>47 ELMWOOD AVE</b>	
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>
			State <b>RI</b>
			Zip <b>02842</b>
Secretary Name <b>ELAINE G. S. MOURA</b>		Treasurer Name <b>ELAINE G. S. MOURA</b>	
Street Address <b>47 ELMWOOD AVE</b>		Street Address <b>47 ELMWOOD AVE</b>	
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>
			State <b>RI</b>
			Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ELAINE G. S. MOURA</b>		Director Name	
Street Address <b>47 ELMWOOD AVE</b>		Street Address	
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City
			State
			Zip
Director Name		Director Name	
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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>300</b>	<b>CWP</b>
			<b>.01</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Elaine G. S. Moura</b>			Date <b>07/27/2021</b>
Signature of Authorized Representative <b>Elaine Moura</b>			

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

FILED

JUL 27 2021

BY CS4758

FORM 630 - Revised: 08/2020

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