RI SOS Filing Number: 202100648560 Date: 9/1/2021 1:56:00 PM

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 SEP -1 P 1:55

1. Entity ID Number	2. Exact name of the Corporation			
001661774	QUINO PAINTING INC			
3. Principal Office Address		City	State	Zip
36 DORCHESTER AVENUE		PROVIDENCE	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	RESIDENTIAL PAINTING			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
RUBEN QUINO			MARCO SANCHEZ		
Street Address			Street Address		
36 DORCHESTER AVE			9 FLORA ST		
City / State / Zip			City / State / Zip		
PROVIDENCE	RI	02909	PROVIDENCE	RI	02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		
Director Name			Director Name		
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
75.00	CNP	0.00

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
RUBEN QUINO	08/31/2021

Signature of Authorized Representative

X

FILED

SEP 01 2021

BY CFHPJ

1:56

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