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 NOV 16 PM 2:46

1. Entity ID Number	2. Exact name of the Corporation		
116386	Paintworks Inc		
3. Principal Office Address	City	State	Zip
150 Florida Ave	Cranston	RI	02920
4. NAICS Code: 238118	6. Brief description of the character of business conducted in Rhode Island: Interior + Ext Painting + wallcovering		
5. State of Incorporation: Rhode Island			

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

President Name	Street Address	City	State	Zip
Lori Mariorenzi	150 Florida Ave	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
Gary Mariorenzi	150 Florida Ave	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Lori Mariorenzi	150 Florida Ave	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Gary Mariorenzi	150 Florida Ave	Cranston	RI	02920

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Gary Mariorenzi	150 Florida Ave	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
5000	Common	No Par

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
Gary Mariorenzi	11/16/21

Signature of Authorized Representative

FILED
NOV 16 2021
BY 254 AP
A.A.
2:48 P.M.

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