



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
CorporationRI DEPT OF STATE  
BUS SVCS DIV

→ 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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1. Entity ID Number <u>116386</u>		2. Exact name of the Corporation <u>Paintworks Inc</u>			
3. Principal Office Address <u>150 Florida Ave</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>Interior + ext. Painting + wall coverings</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Lori Mariorenzi</u>			Vice-President Name <u>GARY MARIORENZI</u>		
Street Address <u>150 Florida Ave</u>			Street Address <u>150 Florida Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>Lori Mariorenzi</u>			Treasurer Name <u>GARY MARIORENZI</u>		
Street Address <u>150 Florida Ave</u>			Street Address <u>150 Florida Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>GARY MARIORENZI</u>			Director Name <u>GARY MARIORENZI</u>		
Street Address <u>150 Florida Ave</u>			Street Address <u>150 Florida Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <u>5000</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>No Par</u>
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 <u>GARY MARIORENZI</u>				Date <u>11/16/21</u>	
Signature of Authorized Representative <u>[Signature]</u>					

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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