State of Rhode Island Department of State	te - Business	Services Di	vision	e estimati			
nnual Report for the year: 2020		8.1. I	DENT OF STATE				
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			2021 NOV 16 PM 2: 46				
1. Entity ID Number	2. Exact name of Phint	works	Fnc				
3. Principal Office Address 150 Florida Aug	C		City CAA h	ston	State R#	200000	
4. NAICS Code	6. Brief description	n of the character	of business c	onducted in Rhode Isla	and	•	
5. State of Incorporation	Interior & Ext. Painting +						
Rhide Island	Island WA 1/ coultins						
7. List ALL officers (names and addresses) Check the box to indicate an attachment [
President Name LOC: MAYIOTENZI			Vice-President Name OACY MARIOTENZ'				
Street Address 150 Florida	orida Av			Street Address 150 Florida Ave			
0 1 1 3 7 7 7	State RI	02920	City C/ A		State RE	2029 at	
Secretary Name Lori MASIOS 121			Treasurer Name GATY MAPWYENZ'				
Street Address Florida A Ave			Street Address 150 Florida Au				
city Cranston	State R I	Zip 02920	City C(A)	16tm	StateRI	2ip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment [
Director Name		_	Director Name	SARY IY			
Street Address			Street Address ; 50 Florida Aw				
City	State	Zıp	CINCARN	Ston	State RI	200920	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	:d	Check th	e box to indica	te an attachment	
This information is currently of record	d in the	NUMBER OF SI	ARES	CLASS/SERIES		PAR VALUE	
Department of State. Changes require an additional filing.		5000		Commo	. n 1	10 PAr	
		3.000				· · · · · · · · · · · · · · · · · · ·	
11. This report must be executed on	behalf of the con	L poration by an aut	horized rences	Entative If the comors	tion is in the h	ands of a receiver o	
trustee, this report must be execute	d on behalf of the	corporation by the	e receiver or tr	ustee.			
Under penalty of perjury, I declare statements, and that all statemen	ts contained her			ncluding any accomp	anying sched	ules and	
Name of Authorized Representative GROY MRCIONUNI					Date	,/21	

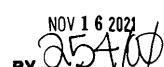
MAIL TO:

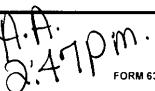
Division of Business Services

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov





FORM 630 - Revised: 08/2020