



State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year: 2022**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP  
 DEC 28 2021

BY *[Signature]*

1. Entity ID Number 000063366		2. Exact name of the Corporation J. J. ROYAL STRIPING CO., INC.			
3. Principal Office Address 22 STERLING AVENUE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island SEAL COATING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LORI A. ARROYO			Vice-President Name JOSEPH J. ROYAL		
Street Address 22 STERLING AVENUE			Street Address 22 STERLING AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name LORI A. ARROYO			Treasurer Name JOSEPH J. ROYAL		
Street Address 22 STERLING AVENUE			Street Address 22 STERLING AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			100		PAR VALUE
			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.					
<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 LORI A. ARROYO				Date 12-22-2021	
Signature of Authorized Representative <i>Lori A. Arroyo</i>					

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