



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 25 2022

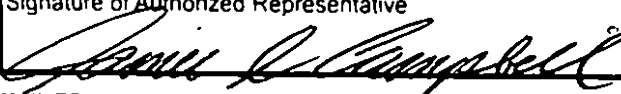
BY Annual Report for the year: **2022**

Corporation

→ Filing period: Feb May January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 015445		2. Exact name of the Corporation SUPERIOR PAINTING & WALLCOVERING CO., INC.												
3. Principal Office Address 47 CEDAR SWAMP ROAD SUITE 6			City SMITHFIELD	State RI	Zip 02917									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island PAINTING & PAPERHANGING												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JAMES J. CAMPBELL, JR.			Vice-President Name JAMES J. CAMPBELL, JR.											
Street Address 47 CEDAR SWAMP ROAD SUITE 6			Street Address 47 CEDAR SWAMP ROAD SUITE 6											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
Secretary Name JAMES J. CAMPBELL, JR.			Treasurer Name JAMES J. CAMPBELL, JR.											
Street Address 47 CEDAR SWAMP ROAD SUITE 6			Street Address 47 CEDAR SWAMP ROAD SUITE 6											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name JAMES J. CAMPBELL, JR.			Director Name NONE											
Street Address 47 CEDAR SWAMP ROAD SUITE 6			Street Address											
City SMITHFIELD	State RI	Zip 02917	City	State	Zip									
Director Name NONE			Director Name NONE											
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	CNP	0												
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 JAMES J. CAMPBELL, JR.				Date 2/20/22										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov