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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

→ Filing period. February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED	P
FEB <b>07</b> 2023	· .
BY	ス

Entity ID Number	In Francisco							
h		2. Exact name of the Corporation						
92716	PrimeC	o Painting, In	IC.					
3. Principal Office Address			City		State	Zip		
116 Tupelo Street, Ur	116 Tupelo Street, Unit 8		Bristol		RI	02809		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
238320	Comme	Commercial and Residential Painting						
5. State of Incorporation		ciai and Meside	andari andari	y				
Rhode Island								
7. List ALL officers (names an	d addresses)			Check	the box to	indicate an attachment		
President Name Anthony J. Santoro, Jr.			Vice-President Name None					
Chara Addison								
30 Anchorage Court			Street Address					
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City		State	Zip		
Secretary Name	<u> </u>		Treasurer Nam	ne	ļ			
Street Address			Street Address					
City	State	Zip	City		State	Zip		
		[-"	J.,		Jointo I	2.9		
8. List ALL directors (names a	ind addresses)				the box to	indicate an attachment 🔲		
Director Name None			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name	. <u> </u>		Director Name		L			
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
			, i					
9. Shares Authorized This information is currently of	record in the	10. Shares Issu						
This information is currently of record in the Department of State.  Changes require an additional filing.		600	FORMES	Common		None PAR VALUE		
	······g·							
11. This report must be execu	ited on behalf of th	e corporation by an a	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be ex								
Under penalty of perjury, I on statements, and that all states	seciare and amirm tements containe	tnat i nave examin d herein are true an	ea tnis report, ii id correct.	ncluding any accom	ipanying s	schedules and		
Name of Authorized Represe			Date					
Anthony J. Santoro, J			02/03/2023					
Signature of Authorized Repri	esentative				<u> </u>			

MAIL TO: Division of Business Services

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

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