RI SOS Filing Number: 202329458900 Date: 2/24/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

Filling period: February 1 - May 1

Filling Fee. \$50.00

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

Entity ID Number	2. Exact name of the Corporation								
001682215 VLAD'S PAINTING, INC									
3 Principal Office Address				City			State	Zip	
25 LINCOLN STREET				JAMES	TOWN		RI	02835	
4 NAICS Code		on o	the character of busi	ness conducted in Rhode Island					
238900									
5 State of Incorporation									
RI	CONSTRUCTION - PAINTING								
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name				Vice-President Name					
VLADIMIR VAZIKOV									
Street Address				Street Address					
25 LINCOLN STREET									
City	State	Zıp		City		State		Zip	
JAMESTOWN	RI	0	2835						
Secretary Name				Treasurer Name					
VLADIMIR VAZIKOV				VLADIMIR VAZIKOV					
Street Address				Street Address					
25 LINCOLN STREET				25 LINCOLN STREET					
City	State	Zip		City		State		Zıp	
JAMESTOWN	RI	0	2835	JAMES	TOWN	RI		02835	
8 List ALL directors (names and addresses)					Check the box to indicate an attachment				
Director Name					Director Name				
VLADIMIR VAZIKOV									
Street Address				Street Address					
25 LINCOLN STREET									
City	State	Zip		City		State		Zıp	
JAMESTOWN	RI 02835								
Director Name				Director Name					
Street Address				Street Address					
				Queet nadega					
Crty	State	Zip		City		State		Zip	
		·				,			
9. Shares Authorized			10. Shares Issued	Check the box to indicate an attachment				ate an attachment	
This information is currently of record in the NUMBER OF			NUMBER OF SE	HARES CLASS/SLRIES PAR VALUE					
Department of State.			100		COMMON		T		
Changes require an additional		_	=						
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 Date 2 -21 -2023									
Signature of Authorized Represe	ntative		- UTT			/	-		
VI.ADTMIR VEZIKOV									

MAIL TO:

Division of Business Services

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

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