



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
CorporationRECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

2023 MAR 16 AM 10:10

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

1. Entity ID Number 001726993		2. Exact name of the Corporation Zuck Painting INC										
3. Principal Office Address 4 Macintosh Ave		City Marlborough	State MA									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island - House painting interior and exterior										
5. State of Incorporation MA												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Kathleen Viega Xavier		Vice-President Name Yuri Xavier Correa										
Street Address 223 Dennison Ln		Street Address 223 Dennison Ln										
City Southbridge	State MA	City Southbridge	State MA									
Zip 01550		Zip 01550										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0					
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0												
Changes require an additional filing.												
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 Kathleen Viega Xavier		Date 12/7/22										
Signature of Authorized Representative 		FILED										

MAIL TO:

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

MAR 16 2023

BY JQYck
10/12/23

FORM 630 - Revised: 11/2021