HERCUL 33/C4/2C23 8 SINSOS Filing Number: 202331298510 Date: 3/15/2023 4:00:00 PM

Department of State - Business Services Division

State of Rhode Island

Annual Report for the yea Corporation									
→ Filing period: February 1 - May			MAD	152	U33 ~				
→ Filing Fee: \$50.00			MAIN	152 21	oza st				
→ Penalty Additional \$25 00 fee			/	۷.					
	υ ,	ay or		_					
Entity ID Number	2 Exact name of the Corporation								
000507508 HERCULES PAINTING, INC. 3. Principal Office Address City State Zip									
Principal Office Address		City	City			Zip			
86 ELDER STREET							RI	02860	
4. NAICS Code	Brief descripti	on c	f the character of busi	ness conduct	ed in Rhode Island				
238300									
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				
HERCULANO A LOPI									
Street Address				Street Address					
86 ELDER STREET									
City	State	Zip		City		State		Zıp	
PAWTUCKET	RI	02860							
Secretary Name		Treasurer Name							
HERCULANO A LOPI	HERCULANO A LOPES								
Street Address					Street Address				
86 ELDER STREET	86 ELDER STREET								
City	State	Zıp		City	· 1			Zip	
PAWTUCKET	RI	I 02860		PAWTUCKET		RI	RI 02860		
8. List ALL directors (names and addresses) Check the box to indicate an attact								ate an attachment	
Director Name					Director Name				
HERCULANO A LOPES									
Street Address					Street Address				
86 ELDER STREET	<u> </u>	Т.							
City	State	Zip		City		State		Zip	
PAWTUCKET	RI 02860								
Director Name				Director Name					
Street Address				Street Address					
City	State	Zig		City .		State		Zip	
9 Shares Authorized	10. Shar			ssued Ch			neck the box to indicate an attachment		
This information is currently of record in the NUMBER			NUMBER OF SH	SHARES CLASS/SEI		RIES PAR VALUE			
			100	· · · · · · · · · · · · · · · · · · ·					
Changes require an additional filing.									
11. This report must be executed	on behalf of the co	orpo	ration by an authorized	d representati	ve. If the corporation	is in the ha	ands 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 Representati		, = 0	<u>ाराच्या वाच प्रथम था।</u>	o correct.		1,	Date Date		
1/ offerman + 100-									
Signature of Authorized Representative									
MINISTER OF TANADA TO PROPERTY OF THE PROPERTY									

MAIL TO:

Division of Business Services

HERCULANO A. LOPES

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

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