RI SOS Filing Number: 202333076530 Date: 4/14/2023 4:00:00 PM

State of Rhode Island Department of		ess Services I	Division				
Annual Report for the Corporation	_	RECEIVED					
<ul> <li>→ Filing period. February</li> <li>→ Filing Fee: \$50,00</li> <li>→ Penalty: Additional \$25.0</li> </ul>	•	ot filed by May 31.				•	
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
1659394	USA Pa	inting Servic	es Corp.				
Principal Office Address     Sausauket Road			City Warwick		State RI	Zip 02	
4. NAICS Code	6. Brief descr	iption of the charac	ter of business o	onducted in Rhode Is	land	1	
238320	Painting	Painting					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and	addresses)		Tra -	Check	the box to in	ndicate an attachment	
President Name Richard J. A	Vice-President Name Ronnie W. Ayres						
Street Address 252 Nausauket Road			Street Address 252 Nausauket Road				
<sup>City</sup> Warwick	State RI	<sup>Zıp</sup> 02886	<sup>City</sup> Warwi	City Warwick State RI Zip 02886			
Secretary Name Richard J. Ayres			Treasurer Name Ronnie W. Ayres				
Street Address 252 Nausauke	Street Address 252 Nausauket Road						
<sup>City</sup> Warwick	State RI	<sup>Zıp</sup> 02886	<sup>City</sup> Warwi	ck	State RI	<sup>Zıp</sup> 02886	
8. List ALL directors (names ar Director Name	d addresses)	•	Director Name		the box to i	ndicate an attachment	
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized This information is currently of record in the					heck the box to indicate an attachment  SERIES PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		200	GINNES	Common		\$.01	
11. This report must be execute trustee, this report must be exe Under penalty of perjury, I de statements, and that all state	cuted on behalf of eclare and affirm t	the corporation by hat I have examine	the receiver or tr ed this report, i	ustee.			
Name of Authorized Represent		Date					
Richard J. Ayres, Pres	W.	FILED 1010	3-2	27-23			
Signature of Authorized Repre-	sentative (	Une	~ ' ' / 1A	OR 1:4 onoo			
MAIL TO: Division of Business Services			RY	PR 14 2023 WG9C7			
148 W. River Street, Providence, R	hode Island 02904-26	315		<del></del>			

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