(III)

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

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→ Penalty: Additional \$2					בכא בנחנ	!!! 		
1. Entity ID Number 1659394		2. Exact name of the Corporation USA Painting Services Corp.						
3. Principal Office Address	JUSAFA	- Servic	·		State	17in		
252 Nausauket Road			City Warwick		RI	Zip 02		
4. NAICS Code		rintion of the charge		anducted in Phode in				
238320		Brief description of the character of business conducted in Rhode Island						
	Painting	Painting						
5. State of Incorporation								
Rhode Island					_			
7. List ALL officers (names a	nd addresses)		Mica President	Mana		dicate an attachment [
President Name Richard J. Ayres			Vice-President Name Ronnie W. Ayres					
Street Address 252 Nausauket Road			Street Address 252 Nausauket Road					
^{City} Warwick	State RI	^{Zıp} 02886	City Warwic	:k	State RI	^{Zip} 02886		
Secretary Name Richard J. A	ecretary Name Richard J. Ayres			Treasurer Name Ronnie W. Ayres				
Street Address 252 Nausauket Road			Street Address 252 Nausauket Road					
^{City} Warwick	State RI	^{Zıp} 02886	City Warwic	:k	State RI	^{Zip} 02886		
8. List ALL directors (names	and addresses)			Check t	the box to in	dicate an attachment [
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Director Name			Director Name					
Street Address	Street Address							
City	State Zip		City		State	Zip		
-·· ,								
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE						
This information is currently of record in the Department of State.			SHARES	CLASS/SERIES		PAR VALUE		
Changes require an additional filing.		200	200			\$.01		
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11. This report must be exec	uted on behalf of the	corporation by an a	authorized repres	entative. If the corpor	ration is in th	ne hands of a receiver o		
trustee, this report must be e						hodrilan and		
Under penalty of perjury, I statements, and that all sta			•	iciuding any accom	panying sc	neoules and		
Name of Authorized Represe			.		Date			
Richard J. Ayres, Pre	esident		χλ	EII ED 1010	3-2	7-23		
Signature of Authorized Repi	resentative	$\overline{}$	44.0	TILEU \				
Hichard	<u> </u>	ynon		R 1 4 2023				
MAIL TO: Division of Business Services			RV '	W6987				
or Eddineda del ficca			<i></i>					

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

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

FORM 630 - Revised: 11/2021