



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

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY -8 P 12:31

1. Entity ID Number <u>001691703</u>		2. Exact name of the Corporation <u>Lemus Paintins INC</u>			
3. Principal Office Address <u>33 Lisbon St</u>			City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>238320</u>		6. Brief description of the character of business conducted in Rhode Island <u>paintins</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Maria J Morales</u>			Vice-President Name <u>Maria J Morales</u>		
Street Address <u>33 Lisbon St</u>			Street Address <u>33 Lisbon St</u>		
City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Maria J Morales</u>			Treasurer Name <u>Maria J Morales</u>		
Street Address <u>33 Lisbon St</u>			Street Address <u>33 Lisbon St</u>		
City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Maria J Morales</u>			Director Name		
Street Address <u>33 Lisbon St</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					0.00
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 <u>Maria J Morales</u>					Date <u>05-08-23</u>
Signature of Authorized Representative <u>Maria Morales</u>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAY 08 2023
BY BEITH
A.A. 12:33PM

FORM 630 - Revised: 2/2023