RI SOS Filing Number: 202339630150 Date: 7/20/2023r10:39:00 AM

KECEIVED R.I. DEPT. OF STATE BUS EVCS DIV

State of Rhode Island

Department of State - Business Services Division

2023 JUN 30 P 1: 21

Annual Report for the year: 2023 Corporation

RECEIVED

→ Filing period: February 1 - May 1

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

R.I. DEPT. OF STATE BUS SYCS DIV

Entity ID Number	2. Exact name	e of the Corporation		JUL 20 A	<del>0-31</del>		
001094123	M. Brett	M. Brett Painting Company Inc.					
3. Principal Office Address			Cily		State	Zip	
458 Shore Road			Old Ly	me	СТ	06371	
4. NAICS Code	6. Brief descr	iption of the chara-	cter of busines	ss conducted in R	lhode Island		
238320	Painting 0	Painting Contractor					
5. State of Incorporation							
Connecticut							
7. List ALL officers (names an	d addresses)		·	Chec	k the box to indicate	an attachment 🔲	
President Name Mark Brett			Vice-President Name Matthew Fleisher				
Street Address 458 Shore F		Street Address 458 Shore Road					
<sup>City</sup> Old Lyme	State CT	<sup>Zip</sup> 06371		City Old Lyme		. Zip 06371	
Secretary Name NONE			Treasurer	Name NONE		100371	
Street Address			Street Address				
City	State	Zip	City	City		Zıp	
8. List ALL directors (names a	ind addresses)			Chec	k the box to indicate	e an attachment	
Director Name NONE	Director N	Director Name NONE					
Street Address			Street Add	Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Name NONE				
NONE							
Street Address			Street Add	ress			
City	State	Zip	City		State	Zıp	
9. Shares Authorized 10. Shares I			sued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLAS	SS/SERIES		
Changes require an additional filing.		1,000.00		CNP	0.	0.0100	
Changes reduite an additionar	may.						
11. This report must be execu				•	•	he hands of a re-	
ceiver or trustee, this report m Under penalty of perjury, I d						hadulas and	
statements, and that all stat	tements contained			rt, merading any	accompanying sc	eodies and	
Name of Authorized Representative					Date		
Mark Brett					06/26/2	2023	
Signature of Authorized Repre	esentative			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 JUL 2 0 2023

FORM 630- Revised: 04/2023