



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation _____

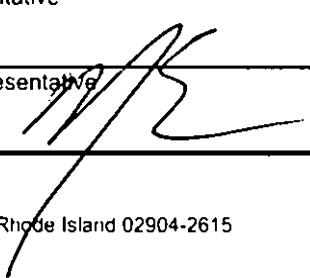
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 001094123		2. Exact name of the Corporation M. Brett Painting Company Inc.	
3. Principal Office Address 458 Shore Road		City Old Lyme	State CT
		Zip 06371	
4. NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island Painting Contractor		
5. State of Incorporation Connecticut			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark Brett		Vice-President Name Matthew Fleisher	
Street Address 458 Shore Road		Street Address 458 Shore Road	
City Old Lyme	State CT	Zip 06371	City Old Lyme
			State CT
			Zip 06371
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name NONE		Director Name NONE	
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	
		PAR VALUE	
		1,000.00	CNP
			0.0100
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 Mark Brett			Date 06/26/2023
Signature of Authorized Representative 			

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

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BY ML 73310
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