



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2022**

Corporation

→ Filing period: February 1 - May 1

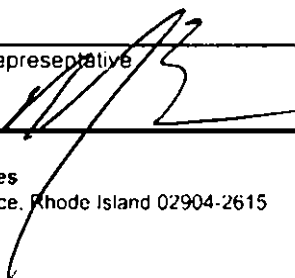
→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUN 30 P 1:20

2023 JUL 20 A 10:31

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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000.00</td> <td>CNP</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000.00	CNP	0.0100			
		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

JUL 20 2023
BY ML 73310
10:37