



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.

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

2023 AUG 28 A 11: 23

1. Entity ID Number <b>001741898</b>	2. Exact name of the Corporation <b>CESAR'S PAINTING CORP</b>	
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3. Principal Office Address <b>130 STERRY ST</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
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4. NAICS Code <b>238320</b>	6. Brief description of the character of business conducted in Rhode Island <b>RESIDENTIAL PAINTING &amp; WALL COVERING CONTRACTORS</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANDREA CORTES</b>			Vice-President Name <b>CESAR A CORTES GODINEZ</b>		
Street Address <b>130 STERRY ST</b>			Street Address <b>130 STERRY ST</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>	<b>CIVP</b>	<b>0.0</b>

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 <b>ANDREA CORTES</b>	Date <b>08/28/2023</b>
Signature of Authorized Representative 	<div style="text-align: center;"> <p><b>FILED</b></p> <p><b>AUG 28 2023</b></p> <p><b>BY OTV62</b></p> </div>

MAIL TO:  
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