



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 OCT -4 A 10:01

1. Entity ID Number 000912403		2. Exact name of the Corporation Ready Imaging, Inc.			
3. Principal Office Address PO BOX 1318			City Manchester	State CT	Zip 06045
4. NAICS Code 000912403		6. Brief description of the character of business conducted in Rhode Island PAINTING, MAINTENANCE, IMAGING OF GAS STATIONS AND CONVENIENCE STORES			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew J. Scibek			Vice-President Name Christopher W. Hutwelker		
Street Address 169A Progress Drive			Street Address 169A Progress Drive		
City Manchester	State CT	Zip 06042	City Manchester	State CT	Zip 06042
Secretary Name Matthew J. Scibek			Treasurer Name Christopher W. Hutwelker		
Street Address 169A Progress Drive			Street Address 169A Progress Drive		
City Manchester	State CT	Zip 06042	City Manchester	State CT	Zip 06042
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10000	CNP	0.000
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 Christopher W. Hutwelker					Date 10/4/23
Signature of Authorized Representative Christopher W. Hutwelker					
Digitally signed by Christopher W. Hutwelker Date: 2023.10.04 09:37:00					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 04 2023

9:37am

BY LKS G4 HSW

FORM 630- Revised 04/2023