



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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2023 OCT 24 PM 12:46:07

1. Entity ID Number 001743680		2. Exact name of the Corporation RONDINELLY SOUZA PAINTING INC	
3. Principal Office Address 38 Freeborn Street - Apt 2		City Middletown	State RI
		Zip 02842	
4. NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island Painting Services and other compatible services.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rondinely Fernandes de Souza		Vice-President Name	
Street Address 38 Freeborn Street - Apt 2		Street Address	
City Middletown	State RI	Zip 02842	
Secretary Name Rondinely Fernandes de Souza		Treasurer Name Rondinely Fernandes de Souza	
Street Address 38 Freeborn Street - Apt 2		Street Address 38 Freeborn Street - Apt 2	
City Middletown	State RI	Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Rondinely Fernandes de Souza		Director Name	
Street Address 38 Freeborn Street - Apt 2		Street Address	
City Middletown	State RI	Zip 02842	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 10,000	CLASS/SERIES CWP
			PAR VALUE \$1.00
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 Rondinely Fernandes de Souza		Date 10/19/2023	
Signature of Authorized Representative <i>Rondinely Fernandes de Souza</i>		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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