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3 DEC 13 PM 1:55:56State 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.

1. Entity ID Number 000887540		2. Exact name of the Corporation F1 PAINTING CORP			
3. Principal Office Address 14 ANTONIA CT			City LEOMINSTER	State MA	Zip 01453
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island PAINTING, PLASTERING AND DRYWALL			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PAULO DE SOUSA TELES			Vice-President Name		
Street Address 13 CHAFFEE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name PAULO DE SOUSA TELES			Treasurer Name PAULO DE SOUSA TELES		
Street Address 13 CHAFFEE STREET			Street Address 13 CHAFFEE STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PAULO DE SOUSA TELES			Director Name		
Street Address 13 CHAFFEE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 ☐		
			NUMBER OF SHARES 1,000	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 PAULO DE SOUSA TELES					Date 12/09/2023
Signature of Authorized Representative <i>Paulo de Sousa Teles</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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FORM 50- Revised: 04/2023