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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.

1. Entity ID Number	2. Exact name of the Corporation
000887540	F1 PAINTING CORP

3. Principal Office Address	City	State	Zip
14 ANTONIA CT	LEOMINSTER	MA	01453

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238320	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	CWP	$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	Date
PAULO DE SOUSA TELES	12/09/2023

Signature of Authorized Representative: Paulo de Sousa Teles

FILED
DEC 13 2023
BY 953RS
A.A. 1:57 PM.

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov