



**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.

REC'D RIDOS BSD  
24 FEB 7 PM 2:19:26

1. Entity ID Number <b>001694038</b>		2. Exact name of the Corporation <b>Good Deeds Painting &amp; Renovating Inc.</b>			
3. Principal Office Address <b>118 Manton Ave.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <del>000000</del> <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Contracting</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael Checko</b>			Vice-President Name		
Street Address <b>268 Great Road</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>1,000</b>	<b>CWP</b>	<b>.010</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.					
<b>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.</b>					
Name of Authorized Representative <b>Mike Checko</b>				Date <b>02/05/2024</b>	
Signature of Authorized Representative				<b>FILED</b>	
				<b>FEB 7 2024</b>	