RI SOS Filing Number: 202447150890 Date: 2/22/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division FILED								
Annual Report for the year: 2024			FILEU					
Corporation — 2024 — Filing period: February 1 - May 1			FEB 2 2 2024					
Filing Fee: \$50.00		$_{\rm BY}$ $/200$						
Penalty: Additional \$25.00 fee if form is not filed by May 31.				<u> </u>				
. Entity ID Number 2. Exact name of the Corporation								
0053760	MAINLINE PAINT MFG., CO. INC.							
3. Principal Office Address			City	aunm	State		Zip	
768 MAIN STREET			PAWTU			RI	02860	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
325510	Paint and Coatings manufacturer							
5. State of Incorporation								
RI								
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name				
Richard J.Main			Richard J. Main					
Street Address 768 Main St			Street Address same					
City	State	^{Zip} 02860	City		State		Zip	
Pawtucket,	RI	02860	ļ					
Secretary Name Richard J Main			Treasurer Name Richard J Main					
Street Address			Street Address					
City same	State	Zip	City	same	State	_	Zip	
	0.0.0		<u> </u>		Cibio		F.P	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name								
Richard J Main			Richard J Main					
Street Address			Street Address					
same City State Zip		17in	City same		State		Zip	
			J.,,		Casio			
Director Name			Director Nar	me				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized					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.		2100		common	no par			
					value		.ue	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 Richard J. Main					Date			
<u></u>					02-15-24			
Signature of Authorized Representative								
Michel 1 1/an								
MAIL TO:	<u>-</u>							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov