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## State of Rhode Island

Department of State - Business Services Division					FILED		
nnual Report for the year: 2024							
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				FEB <b>2 2</b> 2024			
Penalty: Additional \$25.00  1. Entity ID Number					16/15	<del>                                      </del>	
•	2. Exact name of the Corporation						
0053760	MAINLINE PAINT MFG., CO. INC.  City   State   Zip						
3. Principal Office Address			City	•		Zip	
768 MAIN STREET			PAWTU	PAWTUCKET		02860	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
325510	Paint and Coatings manufactures						
5. State of Incorporation	Paint and Coatings manufacturer						
RI	1						
7. List ALL officers (names and ad	t ALL officers (names and addresses)  Check the box to indicate						
President Name			Vice-Preside	Vice-President Name			
Richard J.Main Street Address			Ctenat Adden	Richard J. Main			
768 Main St			Street Addre	Street Address same			
City	State	Zip 02860	City		State	Zip	
Pawtucket,	RI	02860					
Secretary Name Richard J Main			Treasurer Na	Treasurer Name Richard J Main			
Street Address			Street Addre	Street Address			
same			16:5:	Same State IZin			
City	State	Zip	City		State	Zip	
B. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name			Director Nan				
Richard J Main Street Address			Street Addre	Richard J Main			
same				same			
City	State	Zip	City	· Danie	State	Zip	
Director Name			Disastantin				
Director Hame	Director Nam	Director Name					
Street Address	Street Addre	Street Address					
Cit.	Is-t-	T			To: ·		
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Check the b	ox to indicate	an attachment	
This information is currently of record in the NUMBER Department of State.		NUMBER OF	SHARES	CLASS/SERIE:	3	PAR VALUE	
Changes require an additional filing.		2100	2100		common no p		
					value		
11. This report must be avocated	an hahalf af iba			and the same			
<ol> <li>This report must be executed of ceiver or trustee, this report must</li> </ol>		•	•	•	ration is in th	e nands of a re-	
Under penalty of perjury, I decla	ire and affirm t	hat I have examin	ed this report,		npanying scl	nedules and	
statements, and that all statements and that all statements with the statement and the statements are statements.		herein are true an	d correct.		Incto		
Richard J. Main					Date 02-15-24		
L					1 02		
Signature of Authorized Represen	tative						

MAIL TO:

Division of Business Services

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

Website: www.sos.ri.gov