RI SOS Filing Number: 202447127540 Date: 2/22/2024 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 22 2024
BY 11830

1. Entity ID Number	2. Exact name of the Corporation
015445	SUPERIOR PAINTING & WALLCOVERING CO., INC.

3. Principal Office Address	City	State	Zip
47 CEDAR SWAMP ROAD SUITE 6	SMITHFIELD	RI	02917

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238320	PAINTING & PAPERHANGING
5 State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JAMES J. CAMPBELL, JR.	**47 CEDAR SWAMP ROAD SUITE 6**	SMITHFIELD	RI	02917

Vice-President Name	Street Address	City	State	Zip
JAMES J. CAMPBELL, JR	**47 CEDAR SWAMP ROAD SUITE 6**	SMITHFIELD	RI	02917

Secretary Name	Street Address	City	State	Zip
JAMES J. CAMPBELL, JR.	**47 CEDAR SWAMP ROAD SUITE 6**	SMITHFIELD	RI	02917

Treasurer Name	Street Address	City	State	Zip
JAMES J. CAMPBELL, JR.	**47 CEDAR SWAMP ROAD SUITE 6**	SMITHFIELD	RI	02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JAMES J. CAMPBELL, JR.	**47 CEDAR SWAMP ROAD SUITE 6**	SMITHFIELD	RI	02917
NONE				
NONE				

Director Name	Street Address	City	State	Zip
NONE				
NONE				

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CNP	0

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
JAMES J. CAMPBELL, JR.	2/15/2024

Signature of Authorized Representative

James J. Campbell Jr

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017