



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 15 2024

BY 374

1. Entity ID Number 506984		2. Exact name of the Corporation Tony Medina Painting Co., Inc.	
3. Principal Office Address 76 Walnut Street		City East Providence	State RI
		Zip 02914	
4. NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island Painting Contractor		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Antonio D. Medina		Vice-President Name MARia Medina	
Street Address 13 Farm Road		Street Address 13 Farm Road	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
Secretary Name Antonio D. Medina		Treasurer Name Antonio D. Medina	
Street Address 13 Farm Road		Street Address 13 Farm Road	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	Common
			No Par Value
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 Antonio D. Medina			Date 3-6-24
Signature of Authorized Representative <i>Antonio D. Medina</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov