



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 15 2024
BY 374

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.

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	Zip 02769	City Rehoboth	State MA	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	Zip 02769	City Rehoboth	State MA	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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:
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