RI SOS Filing Number: 202449365210 Date: 3/25/2024 4:00:00 PM

State of Rhode Island					FILED		
Department of State - Business Services Divis				14.16	MAR 15 2024 TAMP		
Annual Report for the year: Corporation -		MAR 19 2024					
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	2. Exact name of the Corporation The Meticulous Paint Joh Inc.						
000051975 The Meticulous Paint Job, Inc							
3. Principal Office Address 1518 Green End Avenue			City Middletowi	n	State RI	Zip 02842	
						02042	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Rainting and waterproofing					
238320	Painting and waterproofing						
State of Incorporation RI	· <u></u>						
	<u> </u>			Obselvation Feb.			
7. List ALL officers (names and add President Name Bohart I Ama	Check the box to indicate an attachment Vice-President Name						
Robert J. Amado							
Street Address 1518 Green End Avenue			Street Address				
^{City} Middletown	State RI	^{Zip} 02842	City		State	Zip	
	KI	02842	Transport	· · · · · · · · · · · · · · · · · · ·			
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
,				_			
List ALL directors (names and a Director Name	Check the box to indicate an attachment						
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · ·	State	Zip	
J.,,			J,				
Director Name			Director Name				
Street Address			Street Address				
_	1	Y=-		<u> </u>	<u> </u>		
City	State	Zip	City		State	Zip	
9. Shares Authorized	1	10. Shares Issu		Check the box	k to indicate	an attachment	
This Information is currently of record in the Department of State.						PAR VALUE	
Changes require an additional filing.		NONE					
Changes require an additional liling.	•						
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 Representativ			Date	7074			
ROBERT J. AMADO 3-4-2024							
Robert J. AMADO Signature of Authorized Representative WALL To:							
MAIL TO:							

Division of Business Services

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