RI SOS Filing Number: 202450153930 Date: 4/4/2024 4:00:00 PM

					RE(24 A
State of Rhode Island Department of State - Busines Annual Report for the year: 2024	s Services	Division		,	OD RIDOS PR 4 AM11
Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00				•	8SD :14:57
Penalty: Additional \$25.00 fee if form is not fil	ed by May 31.		 :		
1 Entity ID Number 2. Exact name of USA Paint	·				
Principal Office Address		City	• 4	State	Zip
252 Nausauket Road		Warw	ick	RI	02886
4. NAICS Code 6. Brief description 238320 Painting RI	n of the charact	er of busine:	ss conducted in Rhod	e Island	
7. List ALL officers (names and addresses)	<u>.</u>		Check the	box to indicat	e an attachment 🔲
Richard J. Ayres		Vice-President Name Ronnie W. Ayres			
Street Address 252 Nausauket Road		Street Address 252 Nausauket Road			
City Warwick State RI	^{Zip} 02886		wick	State R	I 02886
Secretary Name Richard J. Ayres		Treasurer	Name Ronnie W. A	Ayres	
Street Address 252 Nausauket Road		Street Address 252 Nausauket Road			
City Warwick State RI	^{Zip} 02886	City Wa		State RI	^{Zip} 02886
List ALL directors (names and addresses)				box to indicat	e an attachment 🔲
Director Name		Director Na	ame		
Street Address		Street Add	ress		
City State	Zip	City		State	Zip
Director Name		Director Na	ame	•	•
Street Address		Street Add	ress		
City State	Zip	City		State	Zip
9. Shares Authorized	10. Shares Issu				te an attachment PAR VALUE
This information is currently of record in the Department of State.	200	SHAKES	Common		.01
Changes require an additional filing.					
11. This report must be executed on behalf of the corp		ation by the	receiver or trustee.		
ceiver or trustee, this report must be executed on beha Under penalty of perjury, I declare and affirm that I statements, and that all statements contained here Name of Authorized Representative	have examined		t, including any acc	Date	
ceiver or trustee, this report must be executed on beha Under penalty of perjury, I declare and affirm that I statements, and that all statements contained here Name of Authorized Representative Richard J. Ayres, President Signature of Authorized Representative	have examined in are true and		FILED	Date	14-24
ceiver or trustee, this report must be executed on beha Under penalty of perjury, I declare and affirm that I statements, and that all statements contained here Name of Authorized Representative Richard J. Ayres, President	have examined in are true and	correct.		Date 3-	

Website: www.sos.ri.gov

FORM 630- Revised 12/2023