



**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
APR 8 2024
BY *[Signature]*

1. Entity ID Number 980690		2. Exact name of the Corporation F. J. SCOTT PAINTING, INC			
3. Principal Office Address 7 BLUE ACRES WAY			City WESTPORT	State MA	Zip 02790
4. NAICS Code 4444120		6. Brief description of the character of business conducted in Rhode Island PAINTING BUSINESS			
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 FRANK J. SCOTT			Vice-President Name KELLY SCOTT		
Street Address 7 BLUE ACRES WAY			Street Address 7 BLUE ACRES WAY		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
Secretary Name FRANK J. SCOTT			Treasurer Name FRANK J. SCOTT		
Street Address 7 BLUE ACRES WAY			Street Address 7 BLUE ACRES WAY		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
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					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	\$0.01	
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. <i>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.</i>					
Name of Authorized Representative FRANK J. SCOTT				Date 3/27/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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