



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDDS BSD
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(3)

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 001683673	2. Exact name of the Corporation Anawan Paint, Inc.
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3. Principal Office Address 18 Pine Grove Rd	City Rehoboth	State MA	Zip 02769
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3. NAICS Code 238300	4. Brief description of the character of business conducted in Rhode Island Paint Contractor
5. State of Incorporation MA	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James M. Smith			Vice-President Name		
Street Address 18 Pine Grove Rd			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name James M. Smith			Treasurer Name James M. Smith		
Street Address 18 Pine Grove Rd			Street Address 18 Pine Grove Rd		
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">400</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">400</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	Common	400			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
400	Common	400								
Changes require an additional filing.										

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 James M. Smith	Date 4-10-24
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Signature of Authorized Representative 	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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