State of Rhode Island Department of State - Business Services Division						REC'D 24 KAY	
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 2. Exact name of the Corporation							
000699083	4 .	•		lnc $\overline{\omega}$			
000699083 J& 6 Painting 3. Principal Office Address			City		State	Zip	
29 Eleng St			N.	PROVidence	RI	02504	
4. NAICS Code	6. Brief desc	ription of the c	haracter of busin	ess conducted in Rho	ode Island		
238320							
5. State of Incorporation	Painting						
<u> </u>							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name			
Hector Villa	Ctood A	Street Address					
Street Address 29 Elena St.			SueerA	Street Address			
Olly N. Providence	State P-T	Zip 0290	City		State	Zip	
Secretary Name	1 1	02-10		er Name			
Street Address				Street Address			
outer made eso							
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)				he box to indicate an	ettachment 🗆	
Director Name			Director	Name			
Street Address			Street A	Street Address			
City	State	Zip	City		State	Zip	
Director Name	<u> </u>		Director	Name	··		
Street Address	Street A	Street Address					
City	State	Zip	City	. 	State	Zip	
		<u> </u>					
9. Shares Authorized This information is currently of rec			BS ISSUED BER OF SHARES	Check t	he box to Indicate ar ERIES	PAR VALUE	
Department of State,			.00			0.01	
Changes require an additional filin	9.	100					
11. This report must be executed					orporation is in the h	ands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I deci-	be executed on	behalf of the c	corporation by the	e receiver or trustee. ort. Including anv ac	companying sched	lules and	
statements, and that all statem	ents contained	herein are tru	ue and correct.				
statements, and that all statements contained herein are true and Name of Authorized Representative					Date /		
Signature of Authorized Representative					3/21/2	: 9	
Halk Vilo	Ifanac						
MAIL TO:		-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Division of Business Services 148 W. River Street, Providence, Rhoo Phone: (401) 222-3040	de (sland 02904-20	515	FILE	D		D. J. J. 40/0000	
Website: www.sos.rl.gov			MAY 21	2024	FORM 630	Revised: 12/2023	
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			BY DH	100	:33P	M -	
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