


**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.

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 24 MAY 21 PM 12:38

1. Entity ID Number <u>116386</u>		2. Exact name of the Corporation <u>Paintworks Inc</u>	
3. Principal Office Address <u>150 Florida Ave</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>Interior & Exterior</u>	
5. State of Incorporation <u>Rhode Island</u>		Painting + wallcoverings	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>GARY MARIORENZI</u>		Vice-President Name <u>DANIEL MARIORENZI</u>	
Street Address <u>150 Florida Ave</u>		Street Address <u>150 Florida Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
Secretary Name <u>GARY MARIORENZI</u>		Treasurer Name <u>GARY MARIORENZI</u>	
Street Address <u>150 Florida Ave</u>		Street Address <u>150 Florida Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>BENJAMIN MARIORENZI</u>		Director Name <u>BENJAMIN MARIORENZI</u>	
Street Address <u>150 Florida Ave</u>		Street Address <u>150 Florida Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>5000</u>	
		<u>Common</u>	
		<u>no par</u>	
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 <u>GARY MARIORENZI</u>		Date <u>5/21/24</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MB FILED 1222

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 21 2024
BY 94PSV

FORM 630- Revised: 12/2023