



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2025**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 03 2025
BY 1878 AA.

1. Entity ID Number 506959		2. Exact name of the Corporation A & G Painting, Inc.			
3. Principal Office Address 70 Melrose Street			City Cranston	State RI	Zip 02910
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Painting			
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 Antonia Verrill			Vice-President Name Antonia Verrill		
Street Address 70 Melrose Street			Street Address 70 Melrose Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Antonia Verrill			Treasurer Name Antonia Verrill		
Street Address 70 Melrose Street			Street Address 70 Melrose Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonia Verrill			Director Name		
Street Address 70 Melrose Street			Street Address		
City Cranston	State RI	Zip 02910	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	Common	NPV
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 Antonia Verrill				Date 01-27-2025	
Signature of Authorized Representative <i>Antonia Verrill</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov