



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

FEB 11 2025 *OL*

Corporation

BY WO

- 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 001723351		2. Exact name of the Corporation BOSTIC'S PAINTING & RESTORATION, INC			
3. Principal Office Address 94 PARKER STREET			City LINCOLN	State RI	Zip 02865
4. NAICS Code 238230		6. Brief description of the character of business conducted in Rhode Island PAINTING CONTRACTOR			
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 CHRISTOPHER BOSTIC			Vice-President Name BEVERLY BOSTIC		
Street Address 94 PARKER STREET			Street Address 94 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BEVERLY BOSTIC			Treasurer Name CHRISTOPHER BOSTIC		
Street Address 94 PARKER STREET			Street Address 94 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRISTOPHER BOSTIC			Director Name BEVERLY BOSTIC		
Street Address 94 PARKER STREET			Street Address 94 PARKER STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		1000	COMMON	NO PAR	
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 CHRISTOPHER BOSTIC				Date 1/22/25	
Signature of Authorized Representative 					

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