



State of Rhode Island
Department of State - Business Services Division

FIELD

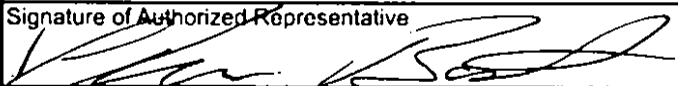
Annual Report for the year: 2025

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 | | | | | |
| This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES | CLASS/SERIES | 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
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Website: www.sos.ri.gov