RI SOS Filing Number: 202565944610 Date: 2/25/2025 4:00:00 PM

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State of Rhode Island						<b>.</b>		
Department of State - Business Services Division						طناATS		
Annual Report for the year: 2025  Corporation						Ē.		
→ 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							_	
000091646	ELCO PAINTING, INC.						S :01	
3. Principal Office Address			City					
320 Smith Street			North Kingstown		RI		02852	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Isla							
238320	For the building, painting, renovating and general improvements of							
5. State of Incorporation	residential, commerical and industrial buildings.							
RHODE ISLAND								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Steven F. Elliott, Jr.			Vice-President Name Kenneth P. Elliott					
Street Address 320 Smith Street			Street Address 320 Smith Street					
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	North Kingstown		RI		<sup>Zip</sup> 02852	
Secretary Name Steven F. Elliott, Jr.			Treasurer Name Kenneth P. Elliott					
Street Address 320 Smith Street			Street Address 320 Smith Street					
City Nortrh Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown		State RI		<sup>Z</sup> ւթ 02852	
8. List ALL directors (names and addresses)  Director Name				Check the box to indicate an attachment  Director Name				
Steven F. Elliott, Jr.			Kenneth P. Elliott					
Street Address 320 Smith Street			Street Address 320 Smith Street					
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown		State RI		<sup>Zip</sup> 02852	
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
Shares Authorized     This information is currently of record in the		10. Shares Issued Check the b NUMBER OF SHARES CLASS/SFRIL		x to indi		achment   PAR VALUE		
Department of State.		100		Common			No Par Value	
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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						Date / _ / _		
STEVEN F. ELLIOTT, JR., PRESIDENT						/25/2	<u> </u>	
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.n.gov BY JAM . 10'51

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