RI SOS Filing Number: 202566592450 Date: 2/27/2025 4:00:00 PM

HERCUL 02/17/2025 6 15 PM

State of Rhode Island

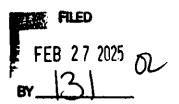
Department of State - Business Services Division

Annual Report for the year: 2025 Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50 00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2 Exact name of the Corporation								
000507508 HERCULES PAINTING, INC.									
Principal Office Address	TIDICODES FAINTING, I			City			State	Zıp	
86 ELDER STREET				PAWTUCKET			RI	02860	
4. NAICS Code	6 Brief descripti	on of the	character of hus	iness conducted in Rhode Island					
238300	s. Shot accomplish of the dilutation of addiness contracted in titled citizens								
5. State of Incorporation									
1	GONGERIGET ON TREETING								
RI CONSTRUCTION PAINTING									
7 List ALL officers (names and a	Т	Check the box to indicate an attachment							
President Name					Vice-President Name				
HERCULANO A LOPES									
Street Address				Street Address					
86 ELDER STREET									
City	State	Zip		City		State	Z	Z ip	
PAWTUCKET	RI	028	60	ļ		<u> </u>			
Secretary Name				Treasurer Name					
HERCULANO A LOPES				HERCULANO A LOPES					
Street Address				Street Address					
86 ELDER STREET				86 ELDER STREET					
City	State	Zıp		City		State	Z	Zıp	
PAWTUCKET	RI	028	60	PAWTU	JCKET	RI	02860		
8 List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name Director Name									
HERCULANO A LOPES									
Street Address				Street Address					
86 ELDER STREET									
City	State	Zıp		City		State		Z ip	
PAWTUCKET	RI	028	60						
Director Name		Director Name							
Street Address				Street Address					
City	y State Zip			City		State		Zip	
		<u> </u>							
			10. Shares Issued Check th			eck the box	he box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SE			IES	PAR VALUE		
			100	COMMON			ļ		
Changes require an additional									
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									
Signature of Authorized Representative									
HERCULANO A. LOPES									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www sos ri gov