

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.

FILED
FEB 27 2025
BY 131 *OL*

| | | | | | |
|---|-------------|--|---|------------------|--------------|
| 1. Entity ID Number 000507508 | | 2. Exact name of the Corporation HERCULES PAINTING, INC. | | | |
| 3. Principal Office Address 86 ELDER STREET | | | City PAWTUCKET | State RI | Zip 02860 |
| 4. NAICS Code 238300 | | 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION PAINTING | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name HERCULANO A LOPES | | | Vice-President Name | | |
| Street Address 86 ELDER STREET | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | City | State | Zip |
| Secretary Name HERCULANO A LOPES | | | Treasurer Name HERCULANO A LOPES | | |
| Street Address 86 ELDER STREET | | | Street Address 86 ELDER STREET | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name HERCULANO A LOPES | | | Director Name | | |
| Street Address 86 ELDER STREET | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02860 | 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 |
| | | | 100 | COMMON | |
| 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 <i>[Signature]</i> | | | | Date 02/17/25 | |
| 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