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.

FILED
FEB 27 2025 02
BY 131

1. Entity ID Number	2. Exact name of the Corporation			
000507508	HERCULES PAINTING, INC.			
3. Principal Office Address		City	State	Zip
86 ELDER STREET		PAWTUCKET	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238300				
5. State of Incorporation				
RI	CONSTRUCTION PAINTING			

7. List ALL officers (names and addresses) — 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	Zip
PAWTUCKET	RI	02860			
Secretary Name			**Treasurer Name**		
HERCULANO A LOPES			HERCULANO A LOPES		
Street Address			Street Address		
86 ELDER STREET			86 ELDER STREET		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	PAWTUCKET	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	Zip	City	State	Zip
PAWTUCKET	RI	02860			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
[signature]	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

FORM 630 - Revised 12/2023