RI SOS Filing Number: 202566613470 Date: 2/27/2025 4:00:00 PM

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**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000094919 | Renaissance Painting, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 2 Nipmuc Road | | Foster | RI | 02825 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 238320 | To conduct the general business of painting | | | |
| 5. State of Incorporation | | | | |
| Rhode Island | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Anthony S. DiChiaro | | | Vice-President Name: N/A | | |
| Street Address: 2 Nipmuc Road | | | Street Address: | | |
| City: Foster | State: RI | Zip: 02825 | City: | State: | Zip: |
| Secretary Name: Helen B. DiChiaro | | | Treasurer Name: Anthony S. DiChiaro | | |
| Street Address: 2 Nipmuc Road | | | Street Address: 2 Nipmuc Road | | |
| City: Foster | State: RI | Zip: 02825 | City: Foster | State: RI | Zip: 02825 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: N/A | | | Director Name: N/A | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | 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 ☐ | | |
|---|---|---|---|
| **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 | 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 | Date |
|---|---|
| Anthony S. DiChiaro | 2/21/25 |

Signature of Authorized Representative

**FILED**
FEB 27 2025
BY 32H2W
28 9:23

**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