



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

MAR 06 2025

BY

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1. Entity ID Number 000110958		2. Exact name of the Corporation TOUCH OF COLOR, INC.			
3. Principal Office Address 94 VINCENT AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF HOME AND COMMERCIAL PAINTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES DICKERSON			Vice-President Name AMELIA DICKERSON		
Street Address 94 VINCENT AVENUE			Street Address 94 VINCENT AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name AMELIA DICKERSON			Treasurer Name CHARLES DICKERSON		
Street Address 94 VINCENT AVENUE			Street Address 94 VINCENT AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHARLES DICKERSON			Director Name AMELIA DICKERSON		
Street Address 94 VINCENT AVENUE			Street Address 94 VINCENT AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 1,000 SHARES	CLASS/SERIES COMMON	PAR VALUE \$0.01
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 CHARLES DICKERSON				Date 3-4-25	
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.ri.gov