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 19 2025
BY 276

1 Entity ID Number	2 Exact name of the Corporation			
000163192	JEFFERY'S PAINTING, INC.			
3. Principal Office Address		City	State	Zip
20 D'AMICO LANE		GLOCESTER	RI	02814
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
238300				
5. State of Incorporation				
RI	PAINTING			

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

President Name			Vice-President Name		
JEFFERY ATHERTON					
Street Address			Street Address		
20 D'AMICO LANE					
City	State	Zip	City	State	Zip
GLOCESTER	RI	02814			
Secretary Name			Treasurer Name		
JEFFERY ATHERTON			JEFFERY ATHERTON		
Street Address			Street Address		
20 D'AMICO LANE			20 D'AMICO LANE		
City	State	Zip	City	State	Zip
GLOCESTER	RI	02814	GLOCESTER	RI	02814

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

Director Name			Director Name		
JEFFERY ATHERTON					
Street Address			Street Address		
20 D'AMICO LANE					
City	State	Zip	City	State	Zip
GLOCESTER	RI	02814			
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	CWP	1

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
	3-16-25

Signature of Authorized Representative
JEFFERY ATHERTON

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov