



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report 2025**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**

**1. Corporate ID No.** 001758877

**2. Name of Corporation** BS PRO PAINTING AND FENCE INC

**3. Street Address Principal Business Office:**

No. and Street: 170 THERESA MARIE AVENUE

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**4. Business Phone No.**

5082715308

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

238320

**FILED**

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PAINTING AND FENCE

APR 10 2025  
CONFIRM  
BY 1285883

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MARCO A BETETA MORALES	170 THERESA MARIE AVE WOONSOCKET, RI 02895 USA

INCORPORATOR

CARMEN M SIERRA

170 THERESA MARIE AVE  
WOONSOCKET , RI 02895 USA**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	0.00

**9. 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.**

**The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.**

**1. (Select all that apply) - Does the business owner self-identify as any of the following:**

- ☐ Woman  
☐ Veteran  
☐ Disabled  
☐ Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

**2. How many full time employees does the business have:**

- ☐ 0  
☐ 1-5  
☐ 6-50  
☐ 51-200  
☐ 201-500  
☐ Over 500

**3. What are the gross revenues for the business for the past year:**

- ☐ \$0 - \$50,000  
☐ \$51,000 - \$250,000  
☐ \$251,000 - \$500,000  
☐ \$501,000 - \$1,000,000  
☐ Over \$1,000,000

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: MARIANA BLANCO

Business Name: EBENEZER TAX AND SERVICES

No. and Street: 1998 MINELA SPRING AVE #3

City or Town: NORH PROVIDENCE

State: RI Zip: 02904 Country: USA

Contact Phone:

Contact Email:

**Signed this 14 Day of April, 2025 at 10:40:33 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the**

*electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MARIANA BLANCO

Signature of Authorized Representative of the Corporation

[Make Corrections](#)

[Accept](#)

Form No. 630  
Revised 09/07

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