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State of Rhode Island Department of State - Business Services Division

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Annual Report for the ye		coo Odi Viceo	DIAISIOII	_	APR	21 2025	i	
Corporation ————————————————————————————————————			fan - 1					
. → Filing Fee: \$50.00			BY 4041					
Penalty: Additional \$2							<u> </u>	
1. Entity ID Number 980690		2. Exact name of the Corporation F. J. SCOTT PAINTING, INC						
3. Principal Office Address	11.3.30		<u> </u>	<u>, </u>	IChaha		Ta:_	
7 BLUE ACRES WAY		City WES1	TPORT	State MA		Zip 02790		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island						
4444120		PAINTING BUSINESS.						
5. State of Incorporation	- 							
RHODE ISLAND								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name FRANK J. SCOTT			Vice-President Name KELLY SCOTT					
7 BLUE ACRES WAY			Street Address 7 BLUE ACRES WAY					
City WESTPORT	State MA	^{Zip} 02790	City WE	STPORT	State	MA	Zip 02790	
Secretary Name FRANK J. SCOTT			Treasurer Name FRANK J. SCOTT					
Street Address 7 BLUE ACRES WAY		Street Address 7 BLUE ACRES WAY						
City WESTPORT	State MA	^{Zip} 02790	City WESTPORT		State MA		Zip 02790	
8. List ALL directors (names a	and addresses)			Check th	e box to indi	icate an at	_1	
Director Name			Director N	lame				
Street Address	<u> </u>		Street Add	tress				
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 Iss	ued	Check ti	ne box to ind	licate an a	 ttachment □	
This information is currently of Department of State.	als information is currently of record in the NUMBER OF		SHARES					
•	es require an additional filing.		COMMON			\$0.01		
cusuões tednite su sontiousi	niing.							
11. This report must be execu	ited on behalf of the	corporation by an a	uthorized re	presentative. If the co	orporation is	in the han	ds of a re-	
ceiver or trustee, this report n Under penalty of perjury, I d	nust be executed on declare and affirm to	behalf of the corpor hat I have examine	ration by the	receiver or trustee.	companyini	a schedul	es and	
statements, and that all sta	tements contained	herein are true an	d correct.	,vaumg uny uo				
Name of Authorized Representative				Date				
FRANK J. SCOTT					141	141:2		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov