RI SOS Filing Number: 202573396030 Date: 5/19/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					FILED		
Annual Report for the year: 2025					MAY 19	20250ESTATE	
Corporation				_	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Xsycs } :	
→ Filing period; February 1 - May 1				5	3Y_X_	19 P 4: 0	
in this is a second of the sec							
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation							
000115403	G.W.C. PAINTING INC						
3. Principal Office Address			City	_1.	State	Zip	
205 Hallene Road, Unit 209			Warwi	CK .	RI	02886	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238320	Painting services						
5. State of Incorporation]						
RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Earl T. Gelineau			Vice-Presid	Vice-President Name Jovana M. Ferra			
Street Address 39 Angela Lane			Street Address 75 Grand Avenue				
City South Kingstown	State RI	^{Zip} 02879		wick	State RI	Ζ _{ip} 02889	
Secretary Name Earl T. Gelineau				Treasurer Name Earl T. Gelineau			
Street Address 39 Angela Lane			Street Add	Street Address 39 Angela Lane			
^{City} South Kingstown	State RI	^{Zip} 02879	City Sou	ıth Kingstown	State RI	^{Zip} 02879	
B. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	ctor Name			Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares Issu							
This information is currently of record in the Department of State.		1,000	1 000 C		\$0.01		
Changes require an additional filing.				Common			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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							
Name of Authorized Representative Earl T. Gelineau, President						12/2025	
Signature of Authorized Representative							
CUL IC							

MAIL TO:

Division of Business Services

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

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