



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

RECEIVED
MAY 19 2025
STATE

BY *[Signature]*
3 MAY 19 P 4:01

1. Entity ID Number 000115403		2. Exact name of the Corporation G.W.C. PAINTING INC			
3. Principal Office Address 205 Hallene Road, Unit 209			City Warwick	State RI	Zip 02886
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island 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-President Name Jovana M. Ferra		
Street Address 39 Angela Lane			Street Address 75 Grand Avenue		
City South Kingstown	State RI	Zip 02879	City Warwick	State RI	Zip 02889
Secretary Name Earl T. Gelineau			Treasurer Name Earl T. Gelineau		
Street Address 39 Angela Lane			Street Address 39 Angela Lane		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. 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			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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		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. <i>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.</i>					
Name of Authorized Representative Earl T. Gelineau, President					Date 5/12/2025
Signature of Authorized Representative <i>[Signature]</i>					