



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: **2025**

**Non-Profit Corporation**

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number <b>: 001776782</b>		2. Exact name of the Corporation <b>ActionSteps Premier Painting</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>RESIDENTIAL COMMERCIAL PAINTING SERVICES</b>			
4. NAICS Code <b>238320</b>					
6. Principal Office Address <b>16 WAYLAND STREET</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>IVY ROBERTS</b>			Vice-President Name		
Street Address <b>16 WAYLAND STREET</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>KIMBALL LANE</b>			Director Name <b>GENE LAMBERT</b>		
Street Address <b>622 EL DORADO, APT 6</b>			Street Address <b>56 FRUIT ST</b>		
City <b>OAKLAND</b>	State <b>CA</b>	Zip <b>94611</b>	City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02114</b>
Director Name <b>IVY ROBERTS</b>			Director Name		
Street Address <b>16 WAYLAND STREET</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>IVY ROBERTS</b>					Date <b>6/6/25</b>
Signature of Officer/Authorized Representative 					

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

FILED

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BY

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