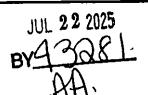
RI SUS FIIING IN			Jaio. 1, <u>1</u>	, 2020 1100			
State of Rhode Island  Department of State - Business Services Division  nual Report for the year: 2025						STAMP	
Corporation  → Filing period: February 1  → Filing Fee: \$50.00	-				MIS JUL	AREA 2.T.C.	
Penalty: Additional \$25.0		ot filed by May 31. e of the Corporation			<del></del>	0 7	
1. Entity ID Number 000051975		The Meticulous Paint Job, Inc.				200	
3. Principal Office Address 1518 Green End Ave			City Middleto	own	State 7: RI 25	2ip 02842	
4. NAICS Code	6. Brief desc	6. Brief description of the character of bus			Rhode Island		
238320	Painting a	Painting and waterproofing					
5. State of Incorporation	-						
RI	Į.						
7. List ALL officers (names and	odresses)			Chec	k the box to indicate an	attachment L	
President Name Robert Amag	Vice-President Name						
Street Address 1518 Green End Ave			Street Address				
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City		State	Zip	
Secretary Name			Tressurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zp -(S	
8. List ALL directors (names and	addresses)	<u> </u>		Che	ck the box to Indicate an	attachment [	
Otrector Name			Director Nan	ne		が選	
Street Address			Street Address		Ö	<u>.</u>	
City	State	Zip	City		State	Ζip	
Director Name	<u></u> _	h	Director Nan	ne			
Street Address			Street Addre	:55			
City	State	ZΊρ	City		State	Zip	
9. Shares Authorized		10. Shares Iss			ck the box to indicate a	n attachment PAR VALUE	
nts intornation is currently of record in the		NONE	F SHARES	a_	ASS/SERIES	PAR VALUE	
Changes require an additional filing.						<u>-</u>	
11. This report must be execute ceiver or trustee, this report must	d on behalf of the	corporation by an a	authorized representation by the re	esentative. If the	ne corporation is in the h	nands of a re-	
Under penalty of perjury, I de-	clare and affirm	that I have examin	ed this report,	, including an	y accompanying sche	dules and	
statements, and that all states Name of Authorized Represents	ative		<u>d correct</u>	<del></del> -	July 1	225	
Signature of Authorized Repres	entative				UNT	2027	
Robe I J. am	do		FILE	D			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630- Revised: 12/2023