



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY H22TJ

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| | | | |
|--|--------------------|---|--------------------------|
| 1. Entity ID Number <u>146339</u> | | 2. Exact name of the Corporation <u>FM Sons Painting Inc.</u> | |
| 3. Principal Office Address <u>432 Newman Avenue</u> | | City <u>Seekonk</u> | State <u>Ma</u> |
| 4. NAICS Code <u>238160</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>House Painting</u> | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Francisco Tavaras</u> | | Vice-President Name | |
| Street Address <u>432 Newman Avenue</u> | | Street Address | |
| City <u>Seekonk</u> | State <u>Ma</u> | Zip <u>02771</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES <u>0</u> | CLASS/SERIES <u>0</u> |
| | | | PAR VALUE <u>0</u> |
| 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. 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 <u>Francisco Tavaras</u> | | Date <u>08/15/2025</u> | |
| Signature of Authorized Representative <u>[Signature]</u> | | | |