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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.

1. Entity ID Number 001711343		2. Exact name of the Corporation Arch Painting, Inc.			
3. Principal Office Address One Presidential Way, Suite 109			City Woburn	State MA	Zip 01801
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Painting Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Kilgannon			Vice-President Name		
Street Address One Presidential Way, Suite 109			Street Address		
City Woburn	State MA	Zip 01801	City	State	Zip
Secretary Name Joseph S. Giacalone			Treasurer Name Richard Kilgannon		
Street Address One Presidential Way, Suite 109			Street Address One Presidential Way, Suite 109		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Hughes			Director Name Joseph S. Giacalone		
Street Address One Presidential Way, Suite 109			Street Address One Presidential Way, Suite 109		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
Director Name James Chilton			Director Name Peter Prodromou		
Street Address One Presidential Way, Suite 109			Street Address One Presidential Way, Suite 109		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200.000		CNP	0.0000
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. FILED					
Name of Authorized Representative Richard Kilgannon				Date 05-28-2024	
Signature of 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

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