



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.

RECEIVED  
25 SEP 9 AM 9:42:11  
STAMP  
FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 001778023		2. Exact name of the Corporation PG & RD PAINTING INC												
3. Principal Office Address 193 Clarence St Fl 1			City Providence	State R.I.	Zip 02909									
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Painting												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Pedro Gutierrez Hernandez			Vice-President Name Rony E Duarte Ochoa											
Street Address 4 Calef St			Street Address 193 Clarence St apt 1											
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>PNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	PNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	PNP	0												
Changes require an additional filing.														
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 Pedro Gutierrez Hernandez				Date 09/09/2025										
Signature of Authorized Representative Pedro Gutierrez Hernandez				FILED										

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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