RI SOS Filing Number: 202578199500 Date: 9/15/2025 2:12:00 PM

	State of Rhode Island Department of State - Business Services Division							
Annual Report for the year: 2021								
→ 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 2. Exact name of the Corporation								
16 Armory Drive				City Warwi	ck	RI	02889	
4. NAICS 23832			Brief description of the character of business conducted in Rhode Island House Painting					
<u> </u>	of Incorporation							
RI	· ·							
7. List ALL officers (names and addresses) Check the box to indicate an attachme President Name Scott Devinoids Vice-President Name none							ate an attachment	
President Name Scott J Reynolds				none				
Street Address 16 Armory Drive				Street Address				
^{City} Wa	rwick	State RI	^{Zıp} 02889	City		State	Zip	
Secretary Name none				Treasurer Name none				
Street Address				Street Address				
City		State	Zip	City		State	Zip	
	L directors (names and	addresses)		Dispotos N		e box to indic	cate an attachment 🗖	
Director Name none				Director Name none				
Street Address				Street Address				
City		State	Zip	City		State	Zip	
Director Name none			······································	Director Name none				
Street Address				Street Address				
City		State	Zip	City		State	Zıp	
	s Authorized		10. Shares Issu				cate an attachment PAR VALUE	
This information is currently of record in the Department of State.		100	ORANES	COMMON		no par value		
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 re-								
ceiver 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 Scott J Reynolds				2 0011601.	Date 9 15 25			
Signatur	Signature of Authorized Representative							
MAIL TO:	~~~ W \ \	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					**	

Division of Business Services

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

Website: www.sos.ri.gov

SEP 15 2025

FORM 630- Revised: 12/2023