



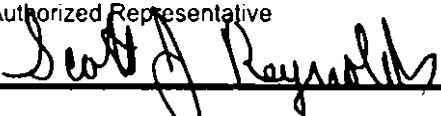
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018

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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AMP  
OR  
BY  
STATE  
ONLY

1. Entity ID Number 000140875		2. Exact name of the Corporation Scott Reynolds Painting, Inc			
3. Principal Office Address 16 Armory Drive		City Warwick		State RI	Zip 02889
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island House 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 Scott J Reynolds			Vice-President Name none		
Street Address 16 Armory Drive			Street Address		
City Warwick		State RI	Zip 02889	City 	
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name none			Director Name none		
Street Address			Street Address		
City		State	Zip	City	
Director Name none			Director Name none		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par value
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. <b>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.</b>					
Name of Authorized Representative Scott J Reynolds					Date 9/15/25
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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