RI SOS Filing Number: 202578200350 Date: 9/15/2025 2:07:00 PM

State of Rhode Island

Department of State - Business Services Division					STAN <sup>™</sup> ™	
Annual Report for the year: 2016					SEC	
Corporation	Nav. 4	<del></del>				With the College
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00						1744 SBQj
→ Penalty: Additional \$25.00		t filed by May 31. of the Corporation				
1. Entity ID Number 000140875				SD 7:37		
Principal Office Address     Armory Drive			City Warwi	ck	State RI	Zip 02889
<u> </u>						02000
4. NAICS Code 238320	Brief description of the character of business conducted in Rhode Island     House Painting					
	d					
5. State of Incorporation RI						
7. List ALL officers (names and ac	ldragges\			Chook the	n hay ta indi	cate an attachment
President Name Scott J Reyno		Check the box to indicate an attachment Vice-President Name none				
Street Address 16 Armory Driv	Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zip
Secretary Name none			Treasurer Name none			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9 Lint All dispeters (names and s	addaaaaa)			Chaoli th	a hay ta indi	anto an attachment [7]
8. List ALL directors (names and a Director Name none	audresses)		Director Na		e box to indi	cate an attachment
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name	1		Director Name			<u></u> <u>-</u>
none			none			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	<u>. J </u>	10. Shares Issi	uod.	Chook th	o hay to ind	liente an attachment.
			Check the box to indicate an attachment F SHARES CLASS/SFRIES PAR VALUE			
Department of State.		100		common		no par value
Changes require an additional filing	9.			<u> </u>	<del></del>	
11. This report must be executed	on hehalf of the r	cornoration by an a	uthorized rer		rnoration is	in the hands of a re-
ceiver or trustee, this report must	be executed on t	pehalf of the corpor	ration by the	receiver or trustee.		
Under penalty of perjury, I decided that all statements, and that all statements.				rt, including any acc	companying	g schedules and
Name of Authorized Representati			Date	1 - 1		
Scott J Reynolds				FILED		1115/25
Signature of Authorized Represer	ntative n	λ.			-	
1 mult	Keehad	M	<u>S</u> E	P 1 5 2025		
MAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov W- KE37D BC 2:07