RI SOS Filing Number: 202578201320 Date: 9/15/2025 2:02:00 PM

State of Rhode Island Department of State - Business Services Division					STÆRP		
Annual Report for the year: 2011						Po	
Corporation → Filing period: February 1 - May 1				ा कार्यों किया । प्राप्त करें			
→ Filing Fee: \$50.00						.T	
→ Penalty: Additional \$25.00) fee if form is no	t filed by May 31.				SS BC	
1. Entity ID Number 000140875	2. Exact name of the Corporation Scott Reynolds Painting, Inc						
3. Principal Office Address 16 Armory Drive			City Warwi	ck	State RI	Zip 02889	
4. NAICS Code 238320	Brief description of the character of business conducted in Rhode Island House Painting						
5. State of Incorporation RI							
7. List ALL officers (names and a	addresses) Check the box to indicate an attachment						
President Name Scott J Reynolds				Vice-President Name none			
Street Address 16 Armory Drive			Street Address				
^{City} Warwick	State RI	^{Zip} 02889	City		State	Zip	
Secretary Name none				Treasurer Name none			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and Director Name	addresses)		Director Na	\ma	box to indicate	e an attachment	
Director Name none				none			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name none	· ·		Director Na	Director Name none			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu				e an attachment PAR VALUE	
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	class/ser common		no par value	
				007/11/07/			
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 Represental Scott J Reynolds	a Correct.	Date 9 15 25					
Signature of Authorized Represe	entative	1.1.		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 SEP 1 5 2025

BY KE37D 2:02

FORM 630- Revised: 12/2023