

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
101.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

I. HD No.	2. Exa	uct name of the limited liability company					
000155206	True	Colors LLC					
3. State of Formation	3. State of Formation 4. Brief description of the character of the bus			pusiness which is actually conducted in	Rhode Island		
Rhode Island Commerical painting contractors							
5 Principal office ada		•		City	State	Z.(f)	
25 Williams Street			Ashaway	RI	02804		
6. MAILING ADD	RESS OF	LIMITED LIAB	BILITY COMPANY AN	D NAME OR TITLE OF CONT.	ACT PERSON:	ı	
Contact Name				Contact Title	Contact Title		
Kevin Paige				Member			
Street Address			СИу	State	Zip		
25 Williams Street			Ashaway	RI	02804		
7. NAME AND AD	DRESS O	F EACH MANA	AGER OF THE LIMIT	ED LIABILITY COMPANY, IF	APPLICABLE - DO NO	T I ICT MEMBERS	
		FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BO	X FOR ATTACHMENT)		
Manager Name				Manager Name	:		
Street Address				Street Address			
City		State	Zip	- City	T State	Zip	
					, and	zp	
Manager Name	• • • • • • • • • • • • • • • • • • • •			: Manager Name			
Street Address				Street Address	Street Address		
City		State	Zψ	: City	State	Zip	
		1		:	ĺ		
8. RESIDENT AGI	ENT IN RI	HODE ISLAND	- DO NOT ALTER - 0	Changes require filing of For	rm 642 - R.I.G.L. 7-16-1	1	
Agent Name				Address	Address		
Kevin Paige							
Address				City	7.6	<i>'</i> p	
25 Williams Street				Ashaway	02804		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000155206

File Date	FILED
Check No	OCT 24 2007
Ву:	By 1956
FOR	SECRETARY OF STATE USE SINLY

Inder penalty of perjury, I declare and affirm that I have examined this report
ncluding any accompanying schedules and statements, and that all statements
ontained herein are true and correct.

And May 10/23

Kevin Paige

Print or Type Name of Authorized Person

Form 632 Rev. 07/07