



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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.

1. ID No. 136972	2. Exact name of the limited liability company Tim Gallagher Painting, LLC				
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial and Residential Painting				
5. Principal office address 26 F Main Street		City Ashaway	State RI	Zip 02804	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Tim Gallagher		Contact Title Owner			
Street Address 26 F Main Street		City Ashaway	State RI	Zip 02804	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name SHAD		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Urso & Co., Inc.		Address			
Address 75 Granite Street		City Westerly, RI	Zip 02891		

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

136972

FILED	
File Date	NOV 14 2007
Check No.	By 2587
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person
Date 10/31/07

Print or Type Name of Authorized Person