RALPH MOIL	State of Rhode Islan Office of th	d and Provide e Secretary of		DNS Fee: \$50.0
	Division	Of Business Serv	ices	
148 W. River Street				
Providence RI 02904-2615				
Cretary of Sta	(40	01) 222-3040		
imited Liability	Company			
Annual Report Filing Period: Septen	nber 1 - November 1			
	R.I.G.L. 7-16-66(d), each limited			to
	within thirty (30) days after the ti	me prescribed by	law (R.I.G.L.	
-16-66(b&c)) is subj	ect to a penalty fee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2010</u>			
1. ID No. <u>0001</u> 4	41417			
2. Exact Name of	the Limited Liability Compan	y Peterson Bros.	, <u>LLC</u>	
3. State of Format	ion			
State: <u>RI</u>				
RESIDENTIAL A	ND COMMERCIAL PAINT	ING CONTRAC	<u>CTORS</u>	
No. and Street:	114 BROWN STREET			
City or Town:	PROVIDENCE	State: RI	Zip: 02906	Country: USA
-				·
δ. Mailing Address	of Limited Liability Company	y and Name or Ti	itle of Contact P	erson:
Contact Name: <u>JO</u>	SH PETERSON Contact Title:	<u>MANAGER</u>		
No. and Street:	114 BROWN STREET			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02906</u>	Country: <u>USA</u>
7. Name and Addro DO NOT LIST MI	ess of Each Manager of the L EMBERS	imited Liability (Company, if App	licable.
Title	Individual Nan	ne	Add	Iress
	First, Middle, Last, S	uffix Ac	ddress, City or Town,	State, Zip Code, Country
	IT IN RHODE ISLAND - DO NO	T ALTER		
	e Filing of Form 642 - R.I.G.L.			
ELIZADETTER. SF	ANTILLI, ESQ. <u>155 SOUTH MAII</u>			<u>CE</u> , <u>RI 02903-</u>

Signed this 21 Day of June, 2011 at 4:34:31 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOSH PETERSON Signature of Authorized Person

Form No. 632 Revised 09/07

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