



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000528183</u>		2. Exact name of the limited liability company <u>A-1st PAINTING + DESIGN</u>	
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>INTERIOR / EXTERIOR PAINTING</u>	
5. Principal office address <u>9 TOPHILL CIRCLE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>JEFFREY GUARANTO</u>		Contact Title <u>OWNER</u>	
Street Address <u>9 TOPHILL CIRCLE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		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			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

OCT 07 2015

BY 1230

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

10/4/15

JEFFREY GUARANTO
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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