c	tate of Rhode Island and Pro	vidence Plantations	T \$50.00	
°	Office of the Secreta		Fee: \$50.00	
	Division Of Business	Services		
	148 W. River Street Providence RI 02904-2615			
	(401) 222-30			
HOPE	(401) 222-30	40		
Limited Liability Com	pany			
Annual Report Filing Period: September 1	November 1			
rilling Period. September 1				
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.				
ANNUAL REPORT YEAR: 2017				
<b>1. ID No.</b> <u>000117316</u>				
2. Exact Name of the Limited Liability Company COLOR RITE PAINTING, LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download				
the list of codes here. More information on NAICS can be found online.				
<u>238320</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
	e character of the Busiless which	Tis Actually Conducted In Ki		
HOUSE PAINTING				
5. Principal Office Addre	SS			
No and Otreate 65 I				
	<u>BARTON STREET</u> DONSOCKET State:	<u>RI</u> Zip: <u>02895</u> Count	try: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact				
	ARTON STREET ONSOCKET State:	RI Zip: 02895 Coun	try: USA	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>JOHN CORTICELLI</u> <u>65 BARTON STREET</u> <u>WOONSOCKET</u>, <u>RI</u> <u>02895</u>

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

**Signed this 16 Day of September, 2017 at 9:58:34 AM 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 JOHN CORTICELLI

Signature of Authorized Person

Form No. 632 Revised 09/07

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