



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

2017

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. 001665740		2. Exact name of the limited liability company NCORTICH PAINTING LLC (238160)			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island painting			
5. Principal office address.		City		State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ADALBERTO CORCHADO		Contact Title MANAGER			
Street Address 8 Steuben St		City PROV. 02909		State RI	Zip USA
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ADALBERTO CORCHADO		Manager Name			
Street Address 8 Steuben St		Street Address			
City PROV	State RI	Zip 02909	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 23 2017

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File Date _____	BY _____
Check No _____	
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.

Adalberto Corchado 7/9/17  
Signature of Authorized Person Date

ADALBERTO CORCHADO  
Print or Type Name of Authorized Person