	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division

Annual Report for the year: 2017 **Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000161749							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
238320	Commercial Painting Contractor						
State of Formation							
6. Principal Office Address	<u> </u>		City	State	Zip		
30 Stanley Street			North Providence	RI	02904		
7. Mailing Address of Limited Lia	bility Company	y and Name or Titl					
Contact Name Keith A Beck	<u> </u>		Contact Title President				
Street Address P.O. Box 66			City Lincoln	State RI	<sup>Zip</sup> 02865		
8. List ALL managers (names a	nd addresses)	of the Limited Liab	oility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS		
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		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Islai	nd. This informa	tion is currently of re	cord with the Department of Stat	e. Changes require filin	g Form 642.		
Under penalty of perjury, I dec statements, and that all states	lare and affiri nents contain	m that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and		
Name of Authorized Person					Date		
Keith A Beck	5/17/18						
Signature of Authorized Person	/_	<u>v</u> o	OCUMENT HERE				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED DAY 2 9 2018
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