



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

Annual Report for the year: 2017
Limited Liability Company

- Filing period: Sept
→ Filing Fee: \$50.00
→ Penalty: Additional

List the entity's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the LLC. The entity name can be verified through the Corporate Database.

1. Entity ID Number (2)

000831659

2. Exact name of the Limited Liability Company (2)

~~Klass Painting & Bright Work, LLC.~~

3. NAICS Code (2)

Select NAICS code that applies to your business. See instructions for further information.

less conducted in Rhode Island (2)

5. State of Formation (2)

RI

List the state under whose laws the company was formed.

Painting

List the type of business the entity is engaged in Rhode Island.

6. Principal Office Address (2)

31 TH Dyer Dr Middletown

List the address of the principal office for the LLC.

State

RI

Zip 02842

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person (2)

List the name or title and address for the contact person for the LLC.

Contact Name

Neville Klass

Contact Title

Owner

Street Address

31 TH Dyer Dr.

City

Middletown

State

RI

Zip 02842

8. List ALL managers (names and addresses) of the Limited Liability Company (2)

List the name(s) and address(es) for the managers of the LLC. DO NOT LIST MEMBERS. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.

Manager Name

Ø

Street Address

City

State

Zip

City

State

Zip

Manager Name

Manager Name

Street Address

The limited liability company's resident agent and resident office is of record in this office. If the resident agent and/or address of the resident agent has changed, see instructions for further information.

City

State

Zip

an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record in the Department of State's records. (2)

Under penalty of perjury, I declare and affirm that I have examined this report, its statements, and that all statements contained herein are true and correct. (2)

An authorized person MUST sign and date the annual report.

Name of Authorized Person

Neville Klass

6/6/18

Signature of Authorized Person

N. Klass

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

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