S	itate of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
imited Liability Com	ipany		
Annual Report	November 1		
iling Period: September 1	- NOVEMBER I		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc		7_
6-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000292890</u>	<u>D</u>		
2 Exact Name of the Li	mited Liability Company MATOI	A PAINTING & PF	MODFLING
SERVICES, LLC	Inted Liability Company MATOL		MODELINO
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		the entity. Download
228200			
<u>238390</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
INTERIOR AND EXTE	RIOR PAINTING AND REMOD	ELING	
5. Principal Office Addre	SS		
No. and Street: 41	CLUBHOUSE RD		
	VENTRY State:	<u>RI</u> Zip: <u>02816</u>	Country: <u>USA</u>
		<u> </u>	
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact F	Person:
Contact Name: EDWAR	D E MATOLA Contact Title:		
No. and Street: PC	<u>D BOX 1317</u>		_
City or Town: <u>CC</u>	<u>OVENTRY</u> State: <u>RI</u>	Zip: <u>02816</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab	ility Company, if Ap	olicable.
T !41_			
Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country
MANAGER	EDWARD E MATOLA SR.		M AVENUE, APT. 5
			RI 02816 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ED MATOLA, SR. 139 PILGRIM AVENUE, APT 5 COVENTRY, RI 02816

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

Signed this 2 Day of November, 2018 at 3:45:19 PM 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 <u>EDWARD E MATOLA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved