St St	ate of Rhode Island and Pro Office of the Secreta		tions Fee: \$50
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30	40	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp h thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000999224</u>			
2. Exact Name of the Lin	nited Liability Company PAINT	& COLOR LLC	
3. State of Formation			
State: <u>RI</u>			
			hutha antifu Daumlaad
-	ARTICLE III ode that best describes the primary information on <u>NAICS</u> can be found		l by the entity. Download
the list of codes <u>here.</u> More <u>238320</u>	ode that best describes the primary	online.	
the list of codes <u>here.</u> More <u>238320</u>	ode that best describes the primary information on <u>NAICS</u> can be found	online.	
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the list of codes <u>here.</u> More <u>238320</u> <b>4. Brief Description of the</b> <u>PAINTING AND WALL</u> <b>5. Principal Office Address</b> No. and Street: <u>5 P</u> City or Town: <u>JO</u> <b>6. Mailing Address of Lim</b> Contact Name: <u>MAURICH</u> No. and Street: <u>5 PA</u> City or Town: <u>JO</u>	ode that best describes the primary information on NAICS can be found         e Character of the Business Which         e COVERING         es         ASCO DRIVE         HNSTON       State: RI         sited Liability Company and Name         O CARDONA Contact Title:       PRES         ASCO DRIVE         INSTON       State: RI         State:       RI         Each Manager of the Limited Liate	online. <b>is Actually Condu</b> Zip: <u>02919</u> <b>or Title of Contac</b> <u>IDENT</u> Zip: <u>02919</u>	Country: <u>USA</u> Country: <u>USA</u>
the list of codes here. More 238320 4. Brief Description of the PAINTING AND WALL 5. Principal Office Address No. and Street: <u>5 P</u> City or Town: JO 6. Mailing Address of Lim Contact Name: <u>MAURICH</u> No. and Street: <u>5 P</u> / City or Town: JOH 7. Name and Address of	ode that best describes the primary information on NAICS can be found         e Character of the Business Which         e COVERING         es         ASCO DRIVE         HNSTON       State: RI         sited Liability Company and Name         O CARDONA Contact Title:       PRES         ASCO DRIVE         INSTON       State: RI         State:       RI         Each Manager of the Limited Liate	online. a is Actually Condu Zip: <u>02919</u> e or Title of Contac <u>IDENT</u> Zip: <u>02919</u> ility Company, if A	Country: <u>USA</u> Country: <u>USA</u>
the list of codes here. More 238320 4. Brief Description of the PAINTING AND WALL 5. Principal Office Address No. and Street: 5 P City or Town: JO 6. Mailing Address of Lim Contact Name: MAURICL No. and Street: 5 PA City or Town: JOH 7. Name and Address of I DO NOT LIST MEMBER	ode that best describes the primary information on NAICS can be found   e Character of the Business Which   e Character of the Business Which   e COVERING   e COVERING   e S   ASCO DRIVE   HNSTON   State: RI   nited Liability Company and Name   O CARDONA Contact Title:   PRES   ASCO DRIVE   INSTON   State: RI   Each Manager of the Limited Liak	online. a is Actually Condu Zip: <u>02919</u> e or Title of Contac DENT Zip: <u>02919</u> ility Company, if A A	Country: <u>USA</u> Country: <u>USA</u> t Person: Country: <u>USA</u>

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

CLAUDIA GUARIN 141 HIGH STREET CUMBERLAND, RI 02864

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

## Signed this 25 Day of September, 2019 at 10:36:25 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 MAURICIO CARDONA

Signature of Authorized Person

Form No. 632 Revised 09/07

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