

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO

Annual Report for the year: 2019

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

001681433

5. State of Formation

6. Principal Office Address

Contact Name Joseph A. Blair

Manager Name Joseph A. Blair

Street Address 202 Alpine Estate Drive

Street Address 202 Alpine Estate Drive

202 Alpine Estate Drive

3. NAICS Code

238320

RI

→ Penalty! Additional \$25.00 fee if form is not filed by December 1.

7 Mailing Address of Limited Liability Company and Name or Title of Contact Person

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e if form i	s not filed by Dec	ember 1.	•			
	ime of the Limited					
		racter of business conducted				
ıll servic	e professional pa	Inting for residential and o	commercial painting	services		
		City	State	Zip		
		Cranston	RI	02921		
ty Compa	ny and Name or Ti	tle of Contact Person				
		Contact Title Manager				
Prive		City Cranston	State RI	^{Zıp} 02921		
addresses) of the Limited Lia	ibility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
		Manager Name				
rive		Street Address				
^{tate} RI	^{Zip} 02921	City	State	Zip		
	*	Manager Name	. 	<u> </u>		
		Street Address				
tate	Zip	City	State	Zip		

⊃it y	State	Zιp	City	State	Zip	
				Check the box to	indicate an attachm	en
9. Resident Agent in	Rhode Island. This inform	nation is currently	of record with the Departm	nent of State. Changes require file	ng Form 642	
Under penalty of postatements, and the	erjury, I declare and affi at all statements contai	irm that I have ned herein are	examined this report, true and correct.	including any accompanyir	ng schedules and	
						_

Name of Authorized Person

Joseph A. Blair

Cily Cranston

Manager Name

Street Address

Signature of Authorized Person

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017