State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					
Annual Report for the year: 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.					2020 JAN 15 AM 10:
1. Entity ID Number 1. 1674847	2. Exact name of the Limited Liability Company BRISTA PAINTING LLC				, E 32
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island +				
6 Principal Office Address 64 MoN206	AVE		13215Tal	State 121	Zip 2809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
CONTACTOR CAMPION			Contact Title SIDEST		
Street Address 4 Monrot Av6			CITY STOL	SIP	Zip 07839
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
			Che	ck the box to indi	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person TAVL CAMPION 1 15 2000					
Signature of Authorized Person					

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**

JAN 1 5 2020

BYKL KEYFY

FORM 632 - Revised: 10/2017