S	State of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
	Division Of Business 148 W. River St		
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>001667814</u>			
2. Exact Name of the Limited Liability Company MARAIA PAINTING LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
238320			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>CLEANING, PREPPING, PAINTING AND EVERYTHING THAT BUSINESS ENTAILS WITH</u> THE BOUNDS OF LAW.			
5. Principal Office Addre			
	<u>SPRING STREET</u> CKVILLE State:	RI Zip: 02873 Co	untry: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>549 SPRING STREET</u>			
	CKVILLE State:	<u>RI</u> Zip: <u>02873</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country
MANAGER	JOSEPH A MARAIA	549 SPRING ST ROCKVILLE, RI 02873 USA	

MANAGER

SHEMRY D MARAIA

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

CARMINE D'ELLENA 700 MAIN STREET EAST GREENWICH, RI 02818

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

Signed this 31 Day of March, 2020 at 12:52:53 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 SHEMRY MARAIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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