	State of Rhode Is Office of the Secretar		Fee: \$50.00
	Division Of Business 148 W. River Str		
HOPE	Providence RI 02904 (401) 222-304		
Limited Liability Cor Annual Report Filing Period: September			
	7-16-66(d), each limited liability compa nin thirty (30) days after the time prescri n penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00170152</u>	<u>24</u>		
2. Exact Name of the L	imited Liability Company East Coas	t Pro Painting LLC	
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
the list of codes here. Mo	ARTICLE III Code that best describes the primary b re information on <u>NAICS</u> can be found o		by the entity. Download
the list of codes <u>here.</u> Mo	Code that best describes the primary b re information on <u>NAICS</u> can be found c	nline.	
the list of codes <u>here.</u> Mo	Code that best describes the primary b	nline.	
the list of codes <u>here.</u> Mo <u>238320</u> 4. Brief Description of t	Code that best describes the primary b re information on <u>NAICS</u> can be found c	is Actually Conduc	cted in Rhode Island
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the list of codes here. Mo 238320 4. Brief Description of t INTERIOR AND EXT 5. Principal Office Addr No. and Street: 48 City or Town: G 6. Mailing Address of L Contact Name: PANTE No. and Street: 48 City or Town: GF 7. Name and Address of A	Code that best describes the primary bre information on NAICS can be found of the Character of the Business Which he Character of the Business Which ERIOR RESIDENTIAL AND COMI ess 3 NORTH ROAD ROTON State: CT imited Liability Company and Name A UMRYSZ Contact Title: CO-OWNE NORTH ROAD ROTON State: CT imited Liability Company and Name A UMRYSZ Contact Title: CO-OWNE NORTH ROAD ROTON State: CT	is Actually Conduct MERCIAL PAINT Zip: <u>06340</u> or Title of Contact R Zip: <u>06340</u> lity Company, if A	cted in Rhode Island <u>FING</u> Country: <u>USA</u> t Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RHODE ISLAND BUILDERS ASSOCIATION, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 301 EAST PROVIDENCE , RI 02914

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

Signed this 12 Day of November, 2020 at 12:49:21 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 PANTEA UMRYSZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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