RI SOS Filing Number: 202332131320 Date: 3/31/2023 11:43:00 AM

State of Rhode Island Department of	r State - Business Serv	ices Division	REC AM DEP EUS S	DEIVED T. 05 STA SVOS DE	
Annual Report for the Limited Liability Comp → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.	pany	***	· -		ц0 .
1. Entity ID Number	2. Exact name of the Limit	ted Liability Company			
1680 821	1 Molina	Paintin	9	110	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238320	Painting	and wall	1 COV	crin9	
5. State of Formation	· · · · · · · · · · · · · · · · · · ·				
RI	Interior	and Exle	rior	14:17	1.30
6. Principal Office Address		City		State	Zip

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

statements, and that all statements contained herein are true and correct.

FILED

Paukete1

Contact Title

8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAR 31 2023

AH II.43AM.

MAIL TO:

Contact Name

Street Address

Name of Authorized Person

Signature of Authorized Person

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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