

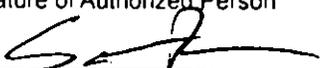


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2024**  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**  
**FILED**  
**MAY 01 2024**  
 BY 103  
DS

1. Entity ID Number 001726442	2. Exact name of the Limited Liability Company PREMIUM PLUS PAINTING, LLC		
3. NAICS Code 238320	4. Brief description of the character of business conducted in Rhode Island PAINTING OF RESIDENTIAL AND COMMERCIAL BUILDINGS		
5. State of Formation RI			
6. Principal Office Address 30 SAINT MARY'S DRIVE		City CRANSTON	State RI
Zip 02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SEAN BAILEY		Contact Title MEMBER	
Street Address 30 SAINT MARY'S DRIVE		City CRANSTON	State RI
Zip 02920			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person SEAN BAILEY			Date 03/28/24
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](http://www.sos.ri.gov)