

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

Annual Report for the year: 2025

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited	Liability Company			
001701591	PAINFIELD	LLC		·	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	Prolition				
5. State of Formation	REAL ESTA	10			
RI			•		
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
353 ShumanKANUC Hill RD		CharlESTOWN	RI	02813	
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person			
Centect Name		Contact Title			
Joseph Therou	X	<u> </u>			
Street Address		City	State	Zip	
SAME			<u> </u>		
8. The Resident Agent informati	on currently of record with the	RI Department of State is accurate	. Changes requir	e filing Form 642.	
9. Under penalty of perjury, I catalements, and that all states	declare and affirm that I have ments contained herein are t	examined this report, including rue and correct.	eny accompan)	ring schedules and	
Name of Authorized Person			Date		
JOESNH T	hERAUX		5/16	124	
Signature of Authorized Person				· · · · · · · · · · · · · · · · · · ·	
Joseph IV	1, Thurs				
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MAIL TO:

Division of Business Services

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