

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

| 5 270 | | |
|----------------|---|--|
| CO TO TO | • | |
| RIDOS 350 | | |
| 0:13 | | |
| :01 | | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|---|---------------|-------|-------------|--|--|
| 01751428 | Precision Painting 3 Prooring Management 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 3 NAICS Gode | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 728270 | Interior painting and property management for rental propertys | | | | | |
| 5. State of Formation | Management for rental propertys | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 661 W MAIN RO | | Middledown | RI | 02842 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| GARY lewis | | | | | | |
| Street Address | | City | State | Zip | | |
| 661 WMBIN RD | | Middletown | P-7 | 02242 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 9. 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. | | | | | | |
| Name of Authorized Person Date | | | | 10 | | |
| Grang Lew | ž. | | 7111 | 124 | | |
| 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 **FILED**

SEP 11 2024

FORM 632 - Revised 12/2023