

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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2. Exact name of the Limited Liability Company PAINTING AND PROPERTY EXPERTS, LLC 4. Brief description of the character of business conducted in Rhode Island Painting and wall covering construction			
	City	State	Zip
137	NEWPORT	RI	02840
Liability Company and Name	or Title of Contact Person		
ısa	Contact Title Manager		
D AVE APT 137	City NEWPORT	State RI	^{Zip} 02840
nation currently of record with t	he RI Department of State is accur	ate. Changes requir	e filing Form 642.
r, I declare and affirm that I hate etements contained herein a	ave examined this report, including true and correct.	ing any accompany	ving schedules and
rson		Date	
		09/16/2024	
	PAINTING AND 4. Brief description of the Painting and wall company and wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Wall company and Name as a part of the Painting and Name as a part of	PAINTING AND PROPERTY EXPERT 4. Brief description of the character of business conducted in Painting and wall covering construction City NEWPORT Liability Company and Name or Title of Contact Person Contact Title Manager D AVE APT 137 City NEWPORT Contact Title Manager Contact Title Manager Contact Title Contact T	PAINTING AND PROPERTY EXPERTS, LLC 4. Brief description of the character of business conducted in Rhode Island Painting and wall covering construction City NEWPORT RI Liability Company and Name or Title of Contact Person Contact Title Manager City NEWPORT State RI Pation currently of record with the RI Department of State is accurate. Changes required, I declare and affirm that I have examined this report, including any accompany terements contained herein are true and correct. Date

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**

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