



State of Rhode Island
 Department of State - Business Services Division

SECRETARY OF STATE
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 BUS SVCS DIV
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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.

| | | | |
|--|--|---|--------------------|
| 1. Entity ID Number 001702615 | | 2. Exact name of the Limited Liability Company New England Striping LLC | |
| 3. NAICS Code 238900 | | 4. Brief description of the character of business conducted in Rhode Island PAINT LINES IN PARKING LOTS | |
| 5. State of Formation MA | | | |
| 6. Principal Office Address 40 Hoyle Circle | | City Blackstone | State MA |
| Zip 01504 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name John A. Beauregard | | Contact Title Manager | |
| Street Address PO Box 64 | | City Blackstone | State MA |
| Zip 01504 | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. <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 John A. Beauregard | | Date 10/23/24 | |
| 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

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