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State of Rhode Island Department of State - Business Services Division

2025

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001734851	159 Rutherglen LC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236115	Construction paint			
5. State of Formation				
RI	Remodeling			
6. Principal Office Address	1	eity	State	Zip
159 Ruthera	len 5	Providence	RI	07907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Norma	I DIGZ			
Street Address	/.	city /	State	202907
159 Ruthergi	en AUE	Providence	KI_	00707
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	,	, <u>-</u>	Date	
Norma?	I DIGZ		1-9-	3 5
Signature of Authorized Person				
Muc (X by				

FILED

JAN 0 9 2025

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov