



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

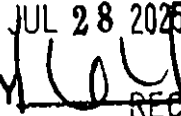
**FILED**

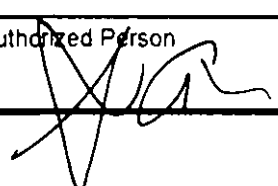
Annual Report for the year: 2025  
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

JUL 28 2025  
BY   
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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2025 JUL 28 A 11: 58

|                                                                                                                                                                                                                |  |                                                                                                                           |                        |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>001674177</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Ganley Painting, LLC</b>                                             |                        |                     |
| 3. NAICS Code<br><b>001674177</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Residential and Commercial Painting</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                           |                        |                     |
| 6. Principal Office Address<br><b>132 Bay View Ave</b>                                                                                                                                                         |  | City<br><b>Bristol</b>                                                                                                    | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                           |                        |                     |
| Contact Name<br><b>Adrian Ganley</b>                                                                                                                                                                           |  | Contact Title<br><b>Owner</b>                                                                                             |                        |                     |
| Street Address<br><b>132 Bay View Ave</b>                                                                                                                                                                      |  | City<br><b>Bristol</b>                                                                                                    | State<br><b>RI</b>     | Zip<br><b>02809</b> |
| 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<br><b>Adrian Ganley</b>                                                                                                                                                              |  |                                                                                                                           | Date<br><b>7/23/25</b> |                     |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                           |                        |                     |

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)