RI SOS Filing Number: 202341982830 Date: 9/29/2023 2:52:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2C Limited Liability Company

2023\_

→ 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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BUS SVGS DIV

1023 SEP 29 P 2: 50

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |               |        |               |  |
|--|--|---------------|--------|---------------|--|
| 001746246  | L1 SEQ.  | son Painti    | ng L   | LC            |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |               |        |               |  |
| 238320   | Painting (   | COMPANY       |        |               |  |
| 5. State of Formation  |  |               |        |               |  |
| PI   |  |               |        |               |  |
| 6. Principal Office Address  |  | City          | State  | Zip           |  |
| 260 BENEFIT SI   |  | PHUTUCKET     | 151    | 02860         |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |               |        |               |  |
| Contact Name   |  | Contact Title |        |               |  |
| Edwin Martinez   |  | Owner         | Owner  |               |  |
| Street Address 7-60 - BENEFIT ST   |  | Sity          | State  | Zip           |  |
| 260 - DENETY 31  |  | PAUTUCKES     | 124    | 028 <u>69</u> |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |               |        |               |  |
| 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 1 | Date          |  |
| Edwin Martinez   |  |               | 4/29/  | 1/29/2053     |  |
| Signature of Authorized Person   |  |               |        |               |  |
| EdwinMartine 2.  |  |               |        |               |  |

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MAIL TO:

Division of Business Services

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

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