

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	the limited liability com	pany	**************************************	
164619 ARENA LANDSCAPING LLC.					
3. State of Formation	4. Brief description	n of the character of bu	usiness conducted in Rhode Island		-
RI_ LANDSCAPINS SCRNCP					
1087 EDDIE DOWNS AW NSmither RI 03896					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOMENIC ATRUM			Contact Title O WNCR		
Street Address EDDIE	= Down	N'S Huy.	City N. SmiTTASIC	State Rt	210 2896
7. LIST ALL MANAGERS (NAM " ("X" BOX FOR ATTACHMEN	IES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPLI	CABLE - DO NOT	LIST MEMBERS
Manager Name DOMENIC Arent			Manager Name		
Street Address 1087 EPDI	E Down	ING Huy,	Street Address		
N Smitte fréis	State	Zip 7896	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8, RESIDENT AGENT IN RHOD				l Handalangen (panisangan) (s	A PARTY CONTROL OF THE PROPERTY OF THE PROPERT
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
FILED C SEP 13 2013 BY 0 205880					
File Date Check No By: FOR SECRETARY OF STATE I	USE ONLY.		Under penalty of perjury, I de this report, including any accand that all statements contained that all statements of Authorized Print or Type Name of Authorized Print or Type Name of Authorized	ined herein are tro	tules and statements.

Form No. 632 Revised: 01/2012