

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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.

4. Brief description of the character of business conducted in Rhode Island STUMP GRINDING & SNOW REMOVAL  5. Principal office address 858 CURTIS CORNER ROAD  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name DENISE LIDSKY  Street Address 858 CURTIS CORNER ROAD  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MIT ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City SOUTH KINGSTOWN RI  Zip 02879  Manager Name  Street Address  City South Kingstown State Ri  Zip City State Street Address	1, Entity ID No.	2. Exact name RI STUMF	of the limited liabilie GRINDING LL	ity company <b>C</b>				
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City State ZIP Oily	Street Address			Street Address	-	OCT X		
O DESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	8. RESIDENT AGENT IN	RHODE ISLAND				<b>3 3 3 3 3 3 3 3 3 3</b>		
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OCT 31 2013 A·H·11:12 A.M.

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statemen and that all statements contained herein are true and correct.	
Check No	Signature of Authorized Person	10 28 13 Date
By:	DENISE LIDSKY	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012