

State of Rhode Island and Providence Plantations Office of the Secretary of State

ervices

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. **ID No.** 000531004

- 2. Exact Name of the Limited Liability Company B.O.S.S. ENTERPRISES, LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Pet Waste Disposal Removal

5. Principal Office Address

No. and Street: 485 PROVIDENCE STREET

City or Town: WARWICK State: RI Zip: 02886 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOHN ANDRADE Contact Title: OWNER

No. and Street: 485 PROVIDENCE STREET

City or Town: WARWICK State: RI Zip: 02886 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD E. MCNAMARA, ESQ. 1177 GREENWICH AVENUE WARWICK, RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of November, 2015 at 3:54:29 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOHN M. ANDRADE Signature of Authorized Person

Form No. 632 Revised 09/07

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