

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Limited Liability Company

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

SECULATION OF STATE	
2016 SEP -1 PH 3: 45	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
161008	M, MAGIERA LANDSCAPING LLC 4. Brief description of the character of business conducted in Rhode Island						
3. NAICS Code							
561730	LANDSCAPING SERVICES						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
120 MAPLE STREET			COVENTRY	RI	028/6		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MARK MAGIERA		Contact Title IN & m. B. & R.					
Street Address 120 maple STRERT			City COVIENTRY	State R I	Zip 028/6		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name Manager Name							
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	nd. This information	n is currently of rec	ord with the Department of State. Cha	anges require filing i	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				
MARK MAGIERA 9-1-2016							
Signature of Authorized Person							
MARK MAGIERA Signature of Authorized Person X Man Mayure SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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BY M 282686