	Office of the Se	d Providence Plantatior cretary of State	IS Fee: \$50
HOPE	Division Of Bu	siness Services iver Street I 02904-2615	
imited Liability Co Annual Report			
o file its annual report w	L. 7-16-66(d), each limited liability ithin thirty (30) days after the time a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2016</u>		
1. ID No. <u>0007979</u>	208		
2. Exact Name of the	Limited Liability Company Bu	dgetcuts & Lawn Maintenand	ce, LLC
3. State of Formation			
State: RI			
	ARTICL	E III	
Using the following NAI	CS codes, please select the code	that best describes your busir	iess.
			01
NAICS Code		6	<u>81</u>
	the Character of the Business		
4. Brief Description of	RVICES		
A. Brief Description of LANDSCAPING SEI S. Principal Office Add No. and Street: <u>14</u>	RVICES		
A. Brief Description of LANDSCAPING SEI 5. Principal Office Add No. and Street: 14 City or Town: <u>B</u>	RVICES dress SYLVESTER STREET	Which is Actually Conducted	d in Rhode Island
4. Brief Description of <u>LANDSCAPING SEI</u> 5. Principal Office Add No. and Street: <u>14</u> City or Town: <u>B</u> 6. Mailing Address of Contact Name: <u>CHRI</u>	RVICES dress SYLVESTER STREET ARRINGTON Limited Liability Company and STOPHER ONEILL Contact Title:	Which is Actually Conducted	d in Rhode Island
4. Brief Description of LANDSCAPING SEI 5. Principal Office Add No. and Street: 14 City or Town: B4 6. Mailing Address of Contact Name: CHRIS No. and Street: 14	RVICES dress ASYLVESTER STREET ARRINGTON Limited Liability Company and	Which is Actually Conducted State: <u>RI</u> Zip: <u>02806</u> Name or Title of Contact Pe	d in Rhode Island
4. Brief Description of LANDSCAPING SEI 5. Principal Office Add No. and Street: 14 City or Town: B2 6. Mailing Address of Contact Name: CHRIS No. and Street: 14 City or Town: B2 Ko. and Street: 14 City or Town: BA	AVICES dress ASYLVESTER STREET ARRINGTON Limited Liability Company and STOPHER ONEILL Contact Title: SYLVESTER STREET RRINGTON of Each Manager of the Limited	Which is Actually Conducted State: <u>RI</u> Zip: <u>02806</u> Name or Title of Contact Personance <u>SOLE MEMBER</u> State: <u>RI</u> Zip: <u>02806</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u>
4. Brief Description of LANDSCAPING SEI 5. Principal Office Add No. and Street: 14 City or Town: B4 6. Mailing Address of Contact Name: CHRIS No. and Street: 14 City or Town: B4 City or Town: E4 City or Town: B4 City or Town: B4 City or Town: B4 7. Name and Address Address	AVICES dress ASYLVESTER STREET ARRINGTON Limited Liability Company and STOPHER ONEILL Contact Title: SYLVESTER STREET RRINGTON of Each Manager of the Limited	Which is Actually Conducted State: <u>RI</u> Zip: <u>02806</u> Name or Title of Contact Personance <u>SOLE MEMBER</u> State: <u>RI</u> Zip: <u>02806</u>	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER O'NEILL 14 SYLVESTER STREET BARRINGTON, RI 02806

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

Signed this 22 Day of October, 2016 at 12:13:29 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 <u>MARK G. DEVINE, CPA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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