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State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 206	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	•
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	
Entity ID Number 2. Exact name of the Limited Liability Company	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
المسالي	Old Harbor Tree Care						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Tree Care						
5. Principal Office Address			City	State	Zip		
11 Morgan Street			Newport	RI	02840		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Tim Lucksinger			Contact Title OUNC				
Street Address 11 Morgan Street			city New port	State R I	Zip 02840		
7. List ALL managers (names ar	d addresses) of	the Limited Liabi	lity Company, IF APPLICABLE	- DO NOT LIST ME	MBERS		
Manager Name \(\square\ \tag{O} \tag{V}			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							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing 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 Timothy Lucksinger				April	26,2017		
Signature of Authorized Person 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 **FILED**

MAY 1 5 2017

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FORM 632 - Revised: 05/2016