s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
Limited Liability Com	pany		
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: 2017			
1. ID No. <u>001668816</u>			
2. Exact Name of the Limited Liability Company North Landscaping, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561730</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
LANDSCAPING SERVICES: MOW LAWNS, MULCH, SPRING AND FALL CLEAN-UP, BUSH/TREE TRIMMING.			
BUSH/IKEE IKIMIMINO.			
5. Principal Office Address			
No. and Street: <u>369 W</u>	ESTMORELAND LANE		
		State: <u>RI</u> Zip: <u>02874</u> Co	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: ANTHONY A. UCCI Contact Title: OWNER			
No. and Street: <u>369 W</u>	ESTMORELAND LANE		
City or Town: <u>SAUN</u>	DERSTOWN	State: <u>RI</u> Zip: <u>02874</u> (Country: <u>US</u>
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

ANTHONY UCCI 369 WESTMORELAND LANE SAUNDERSTOWN, RI 02874

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

Signed this 8 Day of September, 2017 at 12:39:45 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>ANTHONY A. UCCI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved