	Otate of Dhada Jaland and Dravidance Diantations	
	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability ( Annual Report Filing Period: Septemb		
to file its annual report	I.G.L. 7-16-66(d), each limited liability company failing or refusing t within thirty (30) days after the time prescribed by law (R.I.G.L. 7- t to a penalty fee of \$25.00.	
ANNUAL REPORT Y	EAR: <u>2017</u>	
1. ID No. 00015	59830	
2. Exact Name of the <u>NE, LLC</u>	he Limited Liability Company <u>ASPENN ENVIRONMENTAL SERV</u>	<u>'ICES OF</u>
3. State of Formation	on	
State: <u>RI</u>		
	ARTICLE III	
	AICS Code that best describes the primary business conducted by the entity	
the list of codes here.	$\underline{\mathbf{e}}$ . More information on <u>NAICS</u> can be found online.	. Download
the list of codes <u>here</u> . 561730		. Download
<u>561730</u>		
<u>561730</u> 4. Brief Description	. 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 Rho	
561730 4. Brief Description PEST CONTROL T	of the Character of the Business Which is Actually Conducted in Rho	de Island
561730 <b>4. Brief Description</b> <u>PEST CONTROL T</u> <b>5. Principal Office A</b> No. and Street: City or Town:	More information on <u>NAICS</u> can be found online. of the Character of the Business Which is Actually Conducted in Rho <u>TREE AND LAWN CARE</u> Address <u>158 VEAZIE STREET</u>	de Island
561730   4. Brief Description   PEST CONTROL T   5. Principal Office A   No. and Street:   City or Town:   6. Mailing Address of   Contact Name: ROI   No. and Street: 1	A More information on NAICS can be found online. of the Character of the Business Which is Actually Conducted in Rho <u>TREE AND LAWN CARE</u> Address <u>158 VEAZIE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02908</u> Country of Limited Liability Company and Name or Title of Contact Person: <u>DNN SEAMON</u> Contact Title: <u>1430 JERSEY AVE</u>	de Island
561730   4. Brief Description   PEST CONTROL T   5. Principal Office A   No. and Street:   City or Town:   6. Mailing Address of   No. and Street:   Contact Name:   ROI   No. and Street:   Contact Name:   ROI   No. and Street:   Contact Name:   ROI   No. and Street:	A More information on NAICS can be found online. of the Character of the Business Which is Actually Conducted in Rho TREE AND LAWN CARE Address <u>158 VEAZIE STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02908</u> Country of Limited Liability Company and Name or Title of Contact Person: <u>DNN SEAMON</u> Contact Title: <u>1430 JERSEY AVE</u> <u>SUITE 1</u>	de Island
561730   4. Brief Description   PEST CONTROL T   5. Principal Office A   No. and Street:   City or Town:   6. Mailing Address of   No. and Street:   Contact Name:   ROI   No. and Street:   City or Town:   City or Town:	Andress Address   158 VEAZIE STREET PROVIDENCE   PROVIDENCE State: RI Zip: 02908 Country   of Limited Liability Company and Name or Title of Contact Person: NN SEAMON Contact Title: 1430 JERSEY AVE Suite 1   NORTH BRUNSWICK State: NJ Zip: 08902 Country	de Island
561730   4. Brief Description   PEST CONTROL T   5. Principal Office A   No. and Street:   City or Town:   6. Mailing Address a   Contact Name: ROI   No. and Street:   City or Town:   7. Name and Address	Andress Address   158 VEAZIE STREET PROVIDENCE   PROVIDENCE State: RI Zip: 02908 Country   of Limited Liability Company and Name or Title of Contact Person: NN SEAMON Contact Title: 1430 JERSEY AVE Suite 1   NORTH BRUNSWICK State: NJ Zip: 08902 Country	de Island

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 12 Day of September, 2017 at 9:52:08 AM 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>RONN SEAMON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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