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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2017
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.

3. NAICS Code 5 4 3 2 0 Landscaping  5. State of Formation Rhode Island  6. Principal Office Address 21 Hospital Road  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name John A. Holmes, III  Street Address 2. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name  Manager Name  Street Address  City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with 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 John A. Holmes, III  Signature of Authorized Person  Date	1. Entity ID Number 154448	2. Exact name of the Limited Liability Company Holmes Landscape Construction, LLC						
Rhode Island  6. Principal Office Address 21 Hospital Road  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name John A. Holmes, III  Street Address 21 Hospital Road  City East Providence State RI  Zip 02915  State RI  Zip 02915  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City State  Zip City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fling 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  John A. Holmes, III  Signature of Authorized Person  Date  Zip  Date  Date		Brief description of the character of business conducted in Rhode Island						
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1 <sup>-</sup>	John A. Holmes, III							
	Signature of Authorized Person	$\mathcal{L}$	SIG	N 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

