RI SOS Filing Number: 201753749590 Date: 11/21/2017 4:00:00 PM

State of Rhode Isla Department of			ices Division	_		
Annual Report for th Limited Liability Con → Filing period: Septem → Filing Fee: \$50.00 → Penalty: Additional \$2	npany aber 1 - Novem	ber 1	ecember 1.	_	R.I. DEPT. DES BUS SVCS	
1. Entity ID Number 000119469	1	2. Exact name of the Limited Liability Company Parente's Landscaping, LLC			II. 2	
3. NAICS Code 561730		Brief description of the character of business conducted in Rhode Island Landscaping				
5. State of Formation RI						
6. Principal Office Address 380 Hudson Pond Road			City West Greenwich	State RI	Zip 02817	
7. Mailing Address of Limite	d Liability Comp	any and Name o				
Contact Name David B. Pare		Contact Title Member	tact Title Member			
Street Address 380 Hudson Pond Road			City West Greenwich	State RI	^{Zip} 02817	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS	
Manager Name			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	
			of record with the Department of State.			
Under penalty of perjury, statements, and that all st	l declare and at tatements conta	firm that I have ained herein are	examined this report, including a true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
David B Parente				11/17/2017		
Signature of Authorized Per	(Sopo)		N 1 OCUPACITATERS			
and	Harent	5	FN.ED	.::		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 21 2017 BY 31 81035 A.A.