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.

1. Entity IO Number	2. Exact name of the Limited Liability Company					
P 50822100	AC Landscape Construction U					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
FY 0173U	Construction, design, landscaping					
5. State of Formation			1,2 27 17.	(	0	
RI	l				[	
6. Principal Office Address	,		City	State	Zip	
195 Prince	ss Hill	Ave	Barrington	RI	02800	
7. Mailing Address of Limited Lia			of Contact Person			
Contact Name Adam Alméida		Contact Title Manager				
SuperAddiess 195 Princess Hill Ave		cir Berrinsta	State 1	2084 Oaz		
B. List ALL managers (names a	nd addresses) of t	the Limited Liabil	ity Company, IF APPLICABLE	DO NOT LIST M	EMBERS	
Manager Name Adam Almeida		Manager Name				
Street Address 195 Princess Hill Ave		Street Address		ECR.		
chy Barrington	State	708-6 G.z	City	State	29 N - C	
Manager Name		Manager Name				
Street Address			Street Address		:21 k	
City	State	Zp	Crty	State	2¢ 25 ₹ E	
					dicate an attachment	
9. Resident Agent in Rhode Isla						
Under penalty of perjury, I dec statements, and that all states	lare and allirm t nents contained	hat I have exam herein are true	nined this report, including ar and correct	y eccompanying	schedules and	
Name of Authorized Person	+ dan	(A)~	لأد مم	Date \	8-18	
Signature of Authorized Parson	UT					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

**FILED** 

JAN 1 6 2018