

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 ID Number 000792820	2. Exact name of the Limited Liability Company SLD GROUP, LLC				
3. NAICS Code 81 - Other Services (except Pi	Brief description of the character of business conducted in Rhode Island OUTDOOR PEST CONTROL				
5. State of Formation RHODE ISLAND	115310				
6. Principal Office Address 22 SUNSET DRIVE			City RICHMOND	State RI	Zip 02892
7. Mailing Address of Limited Lia	bility Comp	any and Name o	r Title of Contact Person		
Contact Name STEVEN D'ALFONSO			Contact Title PARTNER		
Street Address 22 SUNSET DRIVE			City RICHMOND	State RI	^{Zip} 02892
8. List ALL managers (names an	d addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name		<u></u>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
O. Pacidont Access in Dhada Lil				Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Island	. This inform	nation is currently o	of record with the Department of Stat	e. Changes require filin	g Form 642.
Under penalty of perjury, I deci- statements, and that all stateme	are and an ents conta	irm that I have e ined herein are:	examined this report, including true and correct.	g any accompanying	schedules and
Name of Authorized Person				Date	
STEVEN D'ALFONSO				2/2	20/18
Signature of Authorized Person		> sign	LOOCUMENT HERE	1	
				EU ED	

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MAIL TO:

Division of Business Services

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