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State of Rhode Island and Providence Plantations Department of State - Business Services Division				

Annual Report for the year:
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.

4.5.10.10.1							
1. Entity ID Number	1 /	2. Exact name of the Limited Liability Company					
1031606	Season Services LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
23611		ontracto	1				
5. State of Formation							
RI	<u> </u>						
6. Principal Office Address			City	State	Zip		
113 Portiac Ave			Cronston	RI	02910		
7. Mailing Address of Limited L	iability Compa	any and Name or	Title of Contact Person				
Contact Name 20.511100 Zapt	nta		Contact Title	Contact Title			
Street Address	Ave		city	State RI	Zip 02910		
8. List ALL managers (names a	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST M	EMBERS		
Manager Name		-	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
	<u> </u>			Check the box to inc	dicate an attachment		
9. Resident Agent in Rhode Isla	and. This infor	nation is currently o	of record with the Department of Sta				
Under penalty of perjury, I de statements, and that all state	clare and af	irm that I have o	examined this report, including	g any accompanying	schedules and		
Name of Authorized Person				Date			
Josh Zapata	June	e 21 2018					
Signature of Authorized Person		3100	-000 000 NT -16-26				
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	FILED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 1 2018

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