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

Annual Report for the year: **2016**
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 **000720228**	2. Exact name of the Limited Liability Company **Orlando's Ornamentals & Landscape Services, LLC**			
3. NAICS Code **561730**	4. Brief description of the character of business conducted in Rhode Island **LANDSCAPE SERVICES**			
5. State of Formation **Connecticut**				

6. Principal Office Address **153 West Street**	City **Cromwell**	State **CT**	Zip **06416**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Orlando Cardenas**	Contact Title **Owner**		
Street Address **153 West Street**	City **Cromwell**	State **CT**	Zip **06416**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **Orlando Cardenas**			Manager Name		
Street Address **153 West Street**			Street Address		
City **Cromwell**	State **CT**	Zip **06416**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
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 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 **Orlando Cardenas**	Date **6/26/18**
Signature of Authorized Person	SIGN DOCUMENT HERE
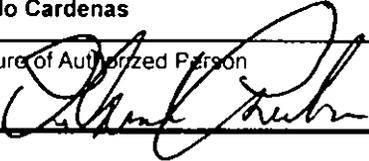
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BY _M 335203_

FORM 632 - Revised: 10/2017