

Annual Report for the year: 2018
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 129637		2. Exact name of the Limited Liability Company LOU POLSENO & SON, LLC				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
238910	LANDSCAP	LANDSCAPING & GROUNDWORK FOR CONSTRUCTION				
5. State of Formation						
RI						
6. Principal Office Address	<b>!</b>		City	State	Zip	
661 HARTFORD AVENUE			SCITUATE	RI	02857	
7. Mailing Address of Limite	ed Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name LOUIS POLSENO			Contact Title PRESIDENT/OWNER			
Street Address 661 HARTFORD AVENUE			City SCITUATE	State RI	Zip 02857	
8. List ALL managers (nam	nes and addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name LOUIS POLSENO			Manager Name N/A			
Street Address 661 HARTFORD AVENUE			Street Address			
City SCITUATE	State RI	Z <sub>IP</sub> 02857	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	. <u></u> k		1	Check the box to	I indicate an attachment	
9. Resident Agent in Rhode	e Island. This informa	tion is currently of re	ecord with the Department of Sta	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s			mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person	١	· <del>-</del>	·	Date	/ 1 -	
LOUIS POLSENO				. X 8.	130/18	
Signature of Authorized Per	rson	SIGN D	POCUMENT HERE	•		
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OV SEP 0 4 2018