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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

827493	2. Exact name of the limited liability company  Bianco Landscaping, LLC					
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhodi	e Island		
Rhode Island	Landscar	ping $50$	1130			
5. Principal office address 170 Gentain Avenue			City Providence	State RI	Zip <b>02908</b>	
MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Everett Bianco			Contact Title	Contact Title		
Street Address 170 Gentain Avenue			City Providence	State RI	Zip 02908	
	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - DO	<b>NOT LIST MEMBER</b>	
("X" BOX FOR ATTACH	MENT)	•	<u> </u>			
	MENT)	<u> </u>	Manager Name			
("X" BOX FOR ATTACHI Manager Name Street Address	MENT) []		<u> </u>			
Manager Name Street Address	MENT)	Zip	Manager Name	State	Zip	
Manager Name Street Address City			Manager Name Street Address			
Manager Name Street Address City Manager Name			Manager Name Street Address City			
Manager Name  Street Address  City  Manager Name  Street Address			Manager Name Street Address City Manager Name			
Manager Name	State	Zip	Manager Name  Street Address  City  Manager Name  Street Address	State	Zip	

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FOR SECRET	ARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

7-/6-/) Date

**Everett Bianco** 

Print or Type Name of Authorized Person