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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 s Email: corporations@sos.m.gov s Website: www.sos.m.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filling 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.

	2. Exact name of the limited liability company					
149911	MDP LAI	NDSCAPING &	CONSTRUCTION, LLC			
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
Rhode Island	landscar	oing and consti				
5. Principal office address 12 Cushing Road			Citv Warwick	State RI	7 ^{:p} 02888	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Matthew D. Papa			Contact Title Managing Member			
Street Address 12 Cushing Road				State RI	7ip 02888	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Naπie			
Street Address			Street Address		 	
City	State	Zip	City	State	7ip	
Manager Name		I	Manager Name		<u></u>	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RE	HODE ISLAND		<u> </u>	<u>I</u>		
	tly of record in the	e Office of the Sec	retary of State. Changes require	filing Form 642.		

SER 27 2018

File Date	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 he fein are true and correct.		
Check No	1 (/ Colon Japa 17/75/19		
By:	Signature of Authorized Person Date		
	Matthew D. Papa		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012