S S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 029	treet 04-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000898576</u>	<u>5</u>		
2. Exact Name of the Limited Liability Company COASTAL TREE & LANDSCAPING, LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561730</u>			
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted in R	hode Island
TREE WORK & LAND	<u>SCAPING</u>		
5. Principal Office Addre	SS		
	8 LAKE ROAD VERTON State: <u>RI</u>	Zip: <u>02878</u> Count	ry: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Nam	or Title of Contact Person:	
	EFARIA Contact Title:		
City or Town: TIV	ERTON State: <u>RI</u>	Zip: <u>02878</u> Count	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN F	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of October, 2018 at 10:53:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID R FARIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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