s s	tate of Rhode Island and Pro		
	Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet)4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000117484</u>	<u>1</u>		
2. Exact Name of the Li	mited Liability Company <u>LITTLE</u>	REST LANDSCAPING, L.L.	. <u>C.</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		y. Download
<u>561730</u>			
	e Character of the Business Which	is Actually Conducted in Rho	ode Island
4. Brief Description of the	e Character of the Business Which		
4. Brief Description of the	EE & SHRUB TRIMMING, CLEA		
4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Addres No. and Street: 101	EE & SHRUB TRIMMING, CLEA	N-UPS & BRUSH CUTTINC	
4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Addres No. and Street: 101 City or Town: WA	EE & SHRUB TRIMMING, CLEA ss <u>STEWART WAY</u>	<u>N-UPS & BRUSH CUTTINC</u> <u>RI</u> Zip: <u>02879</u> Country	<u>3</u>
4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Addres No. and Street: 101 City or Town: WA 6. Mailing Address of Lin Contact Name: PHILIP S No. and Street: P.C	EE & SHRUB TRIMMING, CLEA ss STEWART WAY KEFIELD State: mited Liability Company and Name SCHUCK Contact Title: D. BOX 5136	<u>N-UPS & BRUSH CUTTINO</u> <u>RI</u> Zip: <u>02879</u> Country or Title of Contact Person:	<u>)</u> y: <u>USA</u>
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4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Address No. and Street: 101 City or Town: WA 6. Mailing Address of Lir Contact Name: PHILIP S No. and Street: P.O. City or Town: WA	EE & SHRUB TRIMMING, CLEA ss STEWART WAY KEFIELD State: mited Liability Company and Name SCHUCK Contact Title: D. BOX 5136 AKEFIELD State: RI Each Manager of the Limited Liab	<u>N-UPS & BRUSH CUTTING</u> <u>RI</u> Zip: <u>02879</u> Country or Title of Contact Person: Zip: <u>02879</u> Country:	<u>9</u> y: <u>USA</u>
4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Addres No. and Street: 101 City or Town: WA 6. Mailing Address of Lin Contact Name: PHILIP S No. and Street: P.C City or Town: WA 7. Name and Address of	EE & SHRUB TRIMMING, CLEA ss STEWART WAY KEFIELD State: mited Liability Company and Name SCHUCK Contact Title: D. BOX 5136 AKEFIELD State: RI Each Manager of the Limited Liab RS Individual Name	<u>N-UPS & BRUSH CUTTING</u> <u>RI</u> Zip: <u>02879</u> Country or Title of Contact Person: Zip: <u>02879</u> Country: bility Company, if Applicable. Address	<u>9</u> y: <u>USA</u>
4. Brief Description of the LAWN MOWING, TRE 5. Principal Office Addres No. and Street: 101 City or Town: WA 6. Mailing Address of Lir Contact Name: PHILIP S No. and Street: P.C City or Town: WA 7. Name and Address of DO NOT LIST MEMBER	EE & SHRUB TRIMMING, CLEA ss STEWART WAY KEFIELD State: mited Liability Company and Name SCHUCK Contact Title: O. BOX 5136 AKEFIELD State: RI Each Manager of the Limited Liab	<u>N-UPS & BRUSH CUTTING</u> <u>RI</u> Zip: <u>02879</u> Country or Title of Contact Person: Zip: <u>02879</u> Country: bility Company, if Applicable.	<u>y</u> : <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PHILIP SCHUCK 101 STEWART WAY WAKEFIELD , RI 02879

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

Signed this 30 Day of November, 2018 at 9:55:40 PM 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 PHILIP J SCHUCK

Signature of Authorized Person

Form No. 632 Revised 09/07

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