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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@sts.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

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.

| 000147001 | | of the limited liability in Care | | | |
|--|---|----------------------------------|--------------------------------|------------------|------------------|
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island Landscaping services (541690) | | | | |
| 5. Principal office address 160 kg Ranch Road | \ | - | Cily Hope Valley | State ri | Zip 02832 |
| 6. MAILING ADDRESS OF L | MITED LIABILIT | COMPANY AND NA | ME OR TITLE OF CONTACT P | ERSON: | |
| Contact Name Jeremiah Johnson | | | Contact Title Manager | | |
| Street Address 160 kg Ranch Road | | | City Hope Valley | State ri | Zip 02832 |
| 7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM | IAMES AND ADD | RESSES) OF THE LIF | MITED LIABILITY COMPANY, I | APPLICABLE - DO | NOT LIST MEMBERS |
| Manager Name Jeremiah Johnson | | | Manager Name | | |
| Street Address 160kg Ranch Road | | | Street Address | | |
| City Hope Valley RI | State RI | Zip 02832 | City | State | Zip |
| Manager Name | | | Manager Nome | | |
| Street Address | | | Sucet Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RE | HODE ISLAND | | | | |
| This information is current | tly of record in th | e Office of the Secre | tary of State. Changes require | filing Form 642. | |

| FILED | KM | |
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| BY 1198 | | |
| Flie Date | _ | |
| Check No | _ | |
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| FOR SECRETARY OF STATE USE O | NLY _ | |

| Under penalty of perjury, declare and affirm this raport, including any accompanying scho | luies and statemonys. |
|---|-----------------------|
| and that all statements contained hereinare to | - 91011 |
| Signature of Authorized Person Chy | Date |

Form No. 632 Revised: 01/2012