



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001674213

2. Exact Name of the Limited Liability Company Nelson Tree Service, LLC

3. State of Formation

State: OH

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561730

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

VEGETATION MANAGEMENT AND RIGHT OF WAY CLEARANCE FOR PUBLIC UTILITIES

5. Principal Office Address

No. and Street: 1300 EAST 9TH STREET

City or Town: CLEVELAND

State: OH

Zip: 44114

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 708 BLAIR MILL ROAD

City or Town: WILLOW GROVE

State: PA

Zip: 19090

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JEFFREY D JONES	7758 CEDAR FALLS LANE WEST CHESTER, OH 45069 USA
MANAGER	RONALD S SIMPSON	1760 LUDWELL DRIVE

		MAPLE GLEN, PA 19002 USA
MANAGER	BRIAN R BAUER	23 CAMEO DRIVE RICHBORO, PA 18954 USA
MANAGER	SCOTT M ASPLUNDH	1591 HAMPTON ROAD MEADOWBROOK, PA 19046 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 28 Day of October, 2019 at 9:38:09 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 RONALD S SIMPSON
Signature of Authorized Person

Form No. 632
Revised 09/07

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