



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

OCT 28 2019

BY

1. Entity ID Number 001680346		2. Exact name of the Limited Liability Company PRESCRIPTION TURF SERVICES			
3. NAICS Code 238990		4. Brief description of the character of business conducted in Rhode Island Maintaining turf for educational and commercial purposes.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 53 Indian Trail			City Saunderstown	State RI	Zip 02874
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Brian Walters			Contact Title President		
Street Address 53 Indian Trail			City Saunderstown	State RI	Zip 02874
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <i>Same as above</i>			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 herein are true and correct.					
Name of Authorized Person Julia Westcott				Date 10/25/19	
Signature of Authorized Person <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

MAIL TO:

Division of Business Services
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 Website: www.sos.ri.gov