Date: 11/5/2019 4:00:00 PM RI SOS Filing Number: 201926958220



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

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

| 2019 NOV -5 | AMULLO | FOR SECRETARY OF STATE |
|---------------|-----------|---------------------------|
| CAM HATE PLAN | AM 11: 12 | USE ONLY |

| 1 Entity ID Number 927145 | | 2. Exact name of the Limited Liability Company JR LANDSCAPING LLC | | | | | |
|--|--------------------------------------|--|---|---------------------------|------------------------------|--|--|
| 3. NAICS Code | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| 561730 | | LAWN AND LANDSCAPING MAINTENANCE | | | | | |
| 5. State of Formation | | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| PO BOX 32 | | | CUMBERLAND | RI | 02864 | | |
| 7. Mailing Address of Limite | ed Liability Compa | iny and Name o | r Title of Contact Person | <u> </u> | L | | |
| Contact Name JOSEPH RAHEB | | | Contact Title ATTORNEY | | | | |
| Street Address 650 WASHINGTON HWY., SUITE 200 | | | City LINCOLN | State RI | Zip 02865 | | |
| | nes and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name NONE | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zıp | | |
| Manager Name | | | Manager Name | <u> </u> | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zıp | | |
| | | | <u> </u> | Check the box to | I indicate an attachment☐ | | |
| 9. Resident Agent in Rhode | e Island. This inform | nation is currently | of record with the Department of Sta | ate. Changes require fili | ng Form 642 | | |
| Under penalty of perjury, statements, and that all s | l declare and aff tatements conta | irm that I have ined herein are | examined this report, includir true and correct. | ng any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| JOSE M. RAMIREZ | | | | 10-28-19 | | | |
| Signature of Authorized Pe | rson | SIG | N DOCUMENT HERE | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 0 5 2019

BY 1698