



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

STAMP

Annual Report for the year: 2019  
Limited Liability Company

→ Filing period: Sep  
→ Filing Fee: \$50.00  
→ Penalty: Additional  
List the entity's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the LLC. The entity name can be verified through the Corporate Database.

1. Entity ID Number <input checked="" type="checkbox"/>		2. Exact name of the Limited Liability Company <input checked="" type="checkbox"/>	
000910538		M. DeMatteo Landscaping and Renovations	
3. NAICS Code <input checked="" type="checkbox"/>		Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.	
236118		Renovations	
5. State of Formation <input checked="" type="checkbox"/>		List the state under whose laws the company was formed.	
RI		Renovations	
6. Principal Office Address <input checked="" type="checkbox"/>		List the address of the principal office for the LLC.	
141 Asylum Road		Warwick	
7. Mailing Address of Limited Liability Company and name of member or contact person <input checked="" type="checkbox"/>		List the name or title and address for the contact person for the LLC.	
Contact Name: Michael DeMatteo		Contact Title: Owner	
Street Address: 141 Asylum Road		City: Warwick	
State: RI		Zip: 02886	
8. List ALL managers (names and addresses) of the Limited Liability Company <input checked="" type="checkbox"/>		List the name(s) and address(s) for the managers of the LLC. DO NOT LIST MEMBERS. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
Manager Name: None			
Street Address:			
City:		State:	
Zip:		City:	
Manager Name:		Manager Name:	
Street Address:		The limited liability company's resident agent and resident office is of record in this office. If the resident agent and/or address of the resident agent has changed, see instructions for further information.	
City:		State:	
Zip:		an attachment <input type="checkbox"/>	
9. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 842. <input checked="" type="checkbox"/>			
Under penalty of perjury, I declare and affirm that I have examined this report, its statements, and that all statements contained herein are true and correct. <input checked="" type="checkbox"/>			
Name of Authorized Person		An authorized person MUST sign and date the annual report.	
Michael DeMatteo		11/1/19	
Signature of Authorized Person		SIGN 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

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