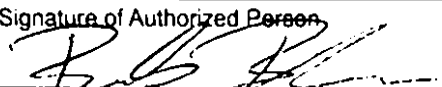State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2019 DEC -2 PM 12: 42

Annual Report for the year: <u>2018</u>
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.

1. Entity ID Number **000164686**	2. Exact name of the Limited Liability Company **A Cut Above Landscaping, LLC**			
3. NAICS Code **561730**	4. Brief description of the character of business conducted in Rhode Island **General landscape and lawncare title 7-16**			
5. State of Formation **Rhode Island**				

6. Principal Office Address **P.O. Box 7213**	City **Cumberland**	State **RI**	Zip **02864**

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

Contact Name **Robert Bradshaw**	Contact Title **Owner**		
Street Address **P.O. Box 7213**	City **Cumberland**	State **RI**	Zip **02864**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **Robert Bradshaw**			Manager Name		
Street Address **P.O. Box 7213**			Street Address		
City **Cumberland**	State **RI**	Zip **02864**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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 **Robert Bradshaw**	Date **11/20/2019**
Signature of Authorized Person	

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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FORM 632 - Revised: 10/2017