Annual Report for the year: 2017 **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                                      | 2 Exact par                           | ne of the Limited I  | iahility Company                                 | · · · · · · · · · · · · · · · · · · · |                       |  |
|--|---------------------------------------|--|--|---------------------------------------|-----------------------|--|
| 1006349  |                                       | 2. Exact name of the Limited Liability Company THE BOWLINE TREE COMPANY, LLC |  |                                       |                       |  |
| 3. NAICS Code  | 4. Brief desc                         | Brief description of the character of business conducted in Rhode Island     |  |                                       |                       |  |
|  | Tree servic                           | Tree services and related business.  |  |                                       |                       |  |
| 5. State of Formation                                    |                                       |  |  |                                       |                       |  |
| Rhode Island   |                                       |  |  |                                       |                       |  |
| 6. Principal Office Address                              |                                       |  | City   | State                                 | Zip                   |  |
| 78 Ridgewood Road  |                                       |  | Charlestown                                      | RI                                    | 02813                 |  |
| 7. Mailing Address of Limited                            |                                       | ny and Name or Til   |  | <del> 1</del>                         |                       |  |
| Contact Name Matthew Langdon                             |                                       |  | Contact Title Manager                            |                                       |                       |  |
| Street Address 78 Ridgewood Road                         |                                       |  | City Charlestown                                 | State RI                              | <sup>Zíp</sup> 02813  |  |
|  |                                       | of the Limited Lia   | bility Company, IF APPLICAB                      | LE - DO NOT LIST I                    | MEMBERS               |  |
| Manager Name Matthew Langdon                             |                                       |  | Manager Name                                     |                                       |                       |  |
| Street Address 78 Ridgewood Road                         |                                       |  | Street Address                                   |                                       |                       |  |
| City Charlestown   | State RI                              | Zip 02813  | City   | State                                 | Zıp                   |  |
| Manager Name   |                                       |  | Manager Name                                     |                                       |                       |  |
| Street Address   |                                       |  | Street Address                                   |                                       |                       |  |
| City   | State                                 | Zıp  | City   | State                                 | Zip                   |  |
|  |                                       |  |  | Check the box to i                    | ndicate an attachment |  |
| 9. Resident Agent in Rhode I                             | Island. This informa                  | ation is currently of re   | ecord with the Department of Stat                | e. Changes require filin              | ng Form 642.          |  |
| Under penalty of perjury, I statements, and that all sta | declare and affir<br>Itements contair | m that I have exa<br>ned herein are tru                                      | nmined this report, including<br>te and correct. | any accompanyin                       | g schedules and       |  |
| Name of Authorized Person                                |                                       |  |  | Date                                  |                       |  |
| Matthew Langdon  |                                       |  |  | June 1, 2019                          |                       |  |
| Signature of Authorized Pers                             | 9//                                   | SIGNIT   | OCUMENT HERE                                     |                                       |                       |  |
|  | [11]                                  |  |  | _                                     |                       |  |
|  | 1001                                  |  |  |                                       |                       |  |

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

MAIL TO:

Division of Business Services

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

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0 95 V I FORM 632 - Revised: 10/2017