

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 JAN 22 PM 2: 35

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
419607	Diverse EnvironmentalLLZ					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
611519						
5. State of Formation						
Bl Donc Inspection Touch Class 6. Principal Office Address City State Zip Prov. Jones RI 02903						
6. Principal Office Address			City	State	Zıp	
905unner Street			Prevident o	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name			Contact Title			
Street Address 33 Le ying to Aur			City Evansten	State	Zip 025/ C	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	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	Zıp	
		<u> </u>		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				Date		
Signature of Authorized Person				1-22	1-22-2C	
Signature of Authorized Person						
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MAIL TO:

Division of Business Services

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

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

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BY Ch JYKPV

FORM 632 - Revised: 10/2017