

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
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.

R.I. DEPT OF STATETANIF	
2020 MAY 28 AM 10: 5 Line 6 Line	

	<u> </u>						
Entity ID Number	2. Exact name of the Limited Liability Company						
000819433	HORTICULTURAL SOLUTIONS LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
812990	CONSULTING SERVICES						
5. State of Formation	, , , , , , , , , , , , , , , , , , , ,						
RI	₹ I						
6. Principal Office Address			City	State	Zip		
351 LIBERRY LANE			WEST KINGSTON	RI	02392		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name TONY BARTHOLOMA Stront Address			Contact Title				
Street Address 19 QUACINUT DRIVE			CITYWAKEFIELD	State R1	zip 62879		
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
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 Islar	nd. This information	is currently of rec	ord with the Department of State, Cha	anges 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 1 ONG BARTHOLOMA 5 126 202							
Signature of Authorized Person NOCUMENT HERE							
O,				12 B 1231	- 10'5h		

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

10:5

MAY 2 8 2020 BY A T X Y C

FORM 632 - Revised: 10/2017