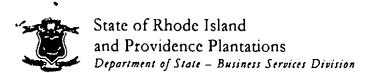
RI SOS Filing Number: 202059206460 Date: 9/25/2020 4:00:00 PM



FOR SECRETARY OF STATE USE ONLY

148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

. ID No. 000796746	2. Exact name of the limited liability company Fontaine Land Surveying, LLC				3. NAICS Code 541370	
4. Brief description of the character of the business which is actually con- Land surveying			ducted in Rhode Island	5. State of Formation Rhode Island		
6. Principal office address 593 Green Hill Beach Road			City South Kingstown	State RI	Zip 02879	
. MAILING ADD	RESS OF LIMITED LIAE	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name			Contact Title			
Michael Fontaine  Street Address			Member State Zip			
593 Green Hill Beach Road			South Kingstown	RI	7.ip 02879	
Manuger Name	FILL IN SPACE	ES BEFORE USING AT	TACHMENTS ("X" BOX FOR AT Manager Name	TACHMENT)		
Street Address	treet Address		Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		······································	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
RESIDENT AGE	NT IN RHODE ISLAND		· · · · · · · · · · · · · · · · · · ·			
his information is c	currently of record in the O	ffice of the Secretary of	State. Changes require filing of Form 64	2 – R.I.G.L. 7-16-1	1Keith B. Kyle, Esq	
	FILED SEP 2 5 2020 1/1	M				
	1 1 20.	ist be executed by an a	uthorized person pursuant to R.I.G.L.	7-16-66 (b).		
BY_6	O O This report mi	<del>-</del>				
BY_6	O O This report mi	<del>-</del> 	Under penalty of perjury, I deel including any accompanying so contained herein are true and contained herein are true are true and are true are true and are true are t	hedules and statemer		
BY	O O This report mi	<del>-</del>	including any accompanying so	hedules and statement rect.		

Michael Fontaine, Member

Print or Type Name of Authorized Person