



Department of State - Business Services Division

Annual Report for the year: 2020
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.

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BUS SVCS DIV
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1. Entity ID Number <u>001680626</u>		2. Exact name of the Limited Liability Company <u>Veterans Lawn Care LLC</u>			
3. NAICS Code <u>561730</u>		4. Brief description of the character of business conducted in Rhode Island <u>LAWN MAINTENANCE & OOD TOLDS</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>6 Wall St</u>		City <u>Westerly</u>		State <u>RI</u>	Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Michael Pietrasilo</u>			Contact Title <u>owner</u>		
Street Address <u>6 Wall St.</u>			City <u>Westerly</u>		State <u>RI</u> Zip <u>02891</u>
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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>Michael L Pietrasilo</u>				Date <u>SEPT 29</u>	
Signature of Authorized Person <u>Michael Pietrasilo</u>					

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

OCT 05 2020
FORM 632 - Revised: 08/2020
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