Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-100)					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001679398 2. Exact Name of the Limited Liability Company MJA Landscaping, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 561730 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island LANDSCAPING SERVICES 5. Principal Office Address No. and Street: <u>9. SHERMAN AVENUE</u> City or Town: NoRTH PROVIDENCE State: RI zip: 0.2911 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: <u>9.SHERMAN AVENUE</u> City or Town: </td <td></td> <td></td> <td></td> <td>Fee: \$50.00</td>				Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In recordance with R1 CL. 7-16-66(d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R1 GL. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001679398 2. Exact Name of the Limited Liability Company MJA Landscaping, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 561730 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island LANDSCAPING SERVICES 5. Principal Office Address No. and Street: 9 SHERMAN AVENUE City or Town: No and Street: 9 SHERMAN AVENUE City or Town: State: RI Zip: 02911 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 9 SHERMAN AVENUE City or Town: State: RI Zip: 02919 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Ti	Division Of Business Services				
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.6 L. 7-16-66(d) each limited liability company failing or refusing to file its annual report with inity (30) days after the time prescribed by law (R1.6.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001679398 2. Exact Name of the Limited Liability Company MIA Landscaping, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 561730 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island LANDSCAPING SERVICES 5. Principal Office Address No. and Street: <u>9 SHERMAN AVENUE</u> City or Town: Contact Title: No. and Street: <u>9 SHERMAN AVENUE</u> City or Town: NORTH PROVIDENCE State: RI Zip: 02919 Country: USA 6. Mailing Address of Each Manager of the Limited Liability Company, If Applicable. DO NOT LIST MEMBERS					
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name					
DO NOT LIST MEMBERS Title Individual Name Address	City or Town: NOF	TH PROVIDENCE State	: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Adc	dress	
		First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
	8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LLOYD R. GARIEPY 191 SOCIAL STREET, SUITE 280 WOONSOCKET, RI 02895

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of October, 2020 at 2:10:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LLOYD R. GARIEPY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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