RI SOS Filing Number: 202064858940 Date: 10/8/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

| 1. Entity ID Number 403025 | 2. Exact name of the Limited Liability Company SEAN R. GREAVES, LLC | | | | |
|--|--|-----|-------------------------------|--------------------|----------------------|
| 3. NAICS Code 561730 | Brief description of the character of business conducted in Rhode Island Landscaping, lawn care and snow removal services. | | | | |
| 5. State of Formation Rhode Island | | | | | |
| Principal Office Address Central Avenue | | | City East Providence | State RI | Zip 02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Sean P. Greaves | | | Contact Title Managing Member | | |
| Street Address 230 Central Avenue | | | City East Providence | State RI | ^{Zip} 02914 |
| 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 | Zıp | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | · | Ch | eck the box to inc | dicate 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 , | | | | | |
| Sean P. Greaves 9/30/2020 | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | |

MAIL TO:

Division of Business Services

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

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

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