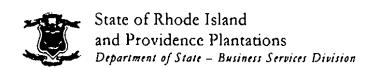
RI SOS Filing Number: 202064863070 Date: 10/8/2020 4:00:00 PM



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.

*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.

1. ID No.	-: ·-····				238990	
001338257		<u> </u>	•			
4. Brief description of the character of the business which is actually condi- To engage in landscaping, construction and exvaca					State of Formation assachusetts	
	•		T 2.7		.	
6. Principal office address 355 Miller Street			<i>City</i> Seekonk	State MA	2ip 02771	
	ORESS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:		
Contact Name Daniel E. DaSilya			Contact Title Manager			
Street Address			City	State Zip		
355 Miller Street			Seekonk	MA	02771	
8. NAME AND AD		ER OF THE LIMITED BEFORE USING ATT.	LIABILITY COMPANY, IF AF ACHMENTS — ("X" BOX FO	PLICABLE - <u>DO</u> R attachment)		
Manager Name Daniel E. De			Manager Name			
Street Address			Street Address			
355 Miller St	reet					
City Seekonk	State MA	Ζ <i>ip</i> 02771	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
			21.cct Magicit			
City	State	Zip	City	State	Zip	
9. RÉSIDENT AG	ENT IN RHODE ISLAND					
This information is	currently of record in the Off	ice of the Secretary of Su	ate. Changes require filing of Fo	orm 642 – R.1.G.L.	7-16-11Orson and Brusini Ltd	
0(FILED CT 0 8 2020 This report mus	t be executed by an aut	thorized person pursuant to R.	I.G.L. 7-16-66 (b.).	
BY_3	183	ŕ	Under penalty of perjury	, I declare and affirm	that I have examined this report	
File Date			contained herein are true		tatements, and that all statement	
Check No.			Signature of Authorized	Person	G 18120 Date	
<i>B</i> y::						
	ETARY OF STATE USE ONLY					
	 -		Daniel E. DaSilva	, Manager		

Print or Type Name of Authorized Person