



State of Rhode Island  
**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.

|   |       |   |                               |                        |     |
|---|-------|---|-------------------------------|------------------------|-----|
| 1. Entity ID Number<br><b>000967704</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Eastern Landscaping LLC</b>                            |                               |                        |     |
| 3. NAICS Code<br><b>561730</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>LANDSCAPE Maintenance</b> |                               |                        |     |
| 5. State of Formation<br><b>R.I.</b>  |       |   |                               |                        |     |
| 6. Principal Office Address.<br><b>188 Willow St.</b>   |       | City<br><b>Woonsocket</b>   | State<br><b>R.I.</b>          | Zip<br><b>02895</b>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                               |                        |     |
| Contact Name<br><b>Leo S. Houle</b>   |       |   | Contact Title<br><b>OWNER</b> |                        |     |
| Street Address<br><b>PO Box 297</b>   |       | City<br><b>WOONSOCKET</b>   | State<br><b>R.I.</b>          | Zip<br><b>02895</b>    |     |
| 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 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                               |                        |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                               |                        |     |
| <b>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.</b> |       |   |                               |                        |     |
| Name of Authorized Person<br><b>Leo S. Houle</b>  |       |   |                               | Date<br><b>10/1/20</b> |     |
| Signature of Authorized Person<br>  |       |   |                               |                        |     |

**FILED**

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**MAIL TO:**  
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