State of Rhode Island Office of the Secretary of State		ate	Fee: \$50.00	
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 0290 (401) 222-304			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
1. ID No. <u>000149294</u>	<u>i</u>			
2. Exact Name of the Li	mited Liability Company <u>ANDER</u>	SON YA	RD CARE, L	LC
3. State of Formation				
State: <u>RI</u>				
	ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		conducted by t	the entity. Download
<u>149294</u>				
4. Brief Description of the	e Character of the Business Which	ı is Actua	Illy Conducted	d in Rhode Island
LANDSCAPE AND YA	RD/PROPERTY MAINTENANC	<u>`E</u>		
5. Principal Office Addres	SS			
	<u>CRANSTON STREET</u> <u>NSTON</u> St	ate: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title	of Contact Pe	erson:
	F. ANDERSON Contact Title: OWN	IER		
	<u>CRANSTON STREET</u>			
No. and Street: 1927 (ate: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
No. and Street: <u>1927</u> City or Town: <u>CRAN</u>	Each Manager of the Limited Liab			
No. and Street: 1927 (City or Town: CRAN 7. Name and Address of	Each Manager of the Limited Liab	 bility Com	ipany, if Appl Addr	icable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FRANK A. RIBEZZO, JR. ESQ. 1454 MAIN STREET WEST WARWICK , RI 02893

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

Signed this 27 Day of October, 2020 at 8:12:31 AM 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 JAMES F. ANDERSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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