



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

NOV 02 2020  
 BY *[Signature]*

**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 000129637		2. Exact name of the Limited Liability Company LOU POLSENO & SON, LLC			
3. NAICS Code 238910		4. Brief description of the character of business conducted in Rhode Island LANDSCAPING & GROUNDWORK FOR CONSTRUCTION			
5. State of Formation RI					
6. Principal Office Address 661 HARTFORD PIKE		City NORTH SCITUATE	State RI	Zip 02857-1252	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LOUIS POLSENO			Contact Title PRESIDENT/OWNER		
Street Address 661 HARTFORD PIKE		City NORTH SCITUATE	State RI	Zip 02857-1252	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LOUIS POLSENO			Manager Name N/A		
Street Address 661 HARTFORD PIKE			Street Address		
City NORTH SCITUATE	State RI	Zip 02857-1252	City	State	Zip
Manager Name N/A			Manager Name N/A		
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.					
<i>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.</i>					
Name of Authorized Person LOUIS POLSENO				Date 10/05/2020	
Signature of Authorized Person <i>[Signature]</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov