



State of Rhode Island and Providence Plantations
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 <u>000876712</u> | | 2. Exact name of the Limited Liability Company <u>Top Notch Tree, LLC</u> | | | |
| 3. NAICS Code <u>561730</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>tree cutting, stump grinding, planting, tree care</u> | | | |
| 5. State of Formation <u>Rhode Island</u> | | tree trimming emergency services | | | |
| 6. Principal Office Address <u>44 small pox trail</u> | | | City <u>West Kingston</u> | State <u>RI</u> | Zip <u>02892</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Charles E. Panciera III</u> | | | Contact Title <u>President</u> | | |
| Street Address <u>44 small pox trail</u> | | | City <u>West Kingston</u> | State <u>RI</u> | Zip <u>02892</u> |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <u>[Signature]</u> | | | | Date <u>10/1/20</u> | |
| Signature of Authorized Person | | | | | |

FILED

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

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