

**FILED** 

NOV 1 7 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.

<del></del>	<del></del>	<del></del>				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000799707	69m	bert Law	n Care, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561730	Landseape Business					
5. State of Formation	]	•				
RI	l		•			
6. Principal Office Address			City	State	Zip	
192 Hurst Lane Tiverton			Tiverton	KI	02878	
7. Mailing Address of Limited Lia	bility Compar	y and Name or Til				
Adam Paul Lambert			Contact Title	<del></del>		
Street Address Horst La	116		City Tiverton	State R.S	Zip 02778 :	
8. List ALL managers (names ar	nd addresses)	) of the Limited Lia	ibility Company, IF APPLICABL	E - DO NOT LIST M	EMBERS	
Manager Name *			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	
	<u> </u>			Check the box to in	dicate an attachment	
9. The Resident Agent information	on currently of	record with the R	I Department of State is accura	te. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				any accompanying	schedules and	
Name of Authorized Person	ut.		Date 11/11/2020			
Signature of Authorized Person		2		. •		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov