



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.

FILED

NOV 17 2020

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|--|-------------|---|-----------------------------|
| 1. Entity ID Number 001692272 | | 2. Exact name of the Limited Liability Company WARNER IRRIGATION, LLC | |
| 3. NAICS Code 561730 | | 4. Brief description of the character of business conducted in Rhode Island SERVICING AND INSTALLING SPRINKLER SYSTEMS | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 827 PLAINFIELD PIKE | | City NORTH SCITUATE | State RI Zip 02857 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name BRENDON WARNER | | Contact Title MEMBER | |
| Street Address 827 PLAINFIELD PIKE | | City NORTH SCITUATE | State RI Zip 02857 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name | | Manager Name | |
| Street Address 807 RIVER STREET | | Street Address | |
| City NORTH SCITUATE | State RI | Zip 02857 | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| 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. | | | |
| 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. | | | |
| Name of Authorized Person BRENDON WARNER | | Date 10-30-2020 | |
| Signature of Authorized Person | | SIGN HERE | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov