RI SOS Filing Number: 202078380390 Date: 12/2/2020 4:00:00 PM

| Annual Report for t  | he vear: 202       | 20  |                              |                    | STAMP                                   |  |
|--|--------------------|---|------------------------------|--------------------|---|--|
| imited Liability Co  |                    |   | ,                            | DEC 0 2 20         | 20_                                     |  |
| → Filing period: Septer  |                    | ber 1   |                              | 1172               |   |  |
| → Filing Fee: \$50.00  |                    |   |                              | BY                 | <u> </u>                                |  |
| → Penalty: Additional \$   | 25.00 fee if form  | is not filed by D   | December 1.                  |                    | ()/ N                                   |  |
| 1. Entity ID Number  | 2. Exact no        | 2. Exact name of the Limited Liability Company  |                              |                    |   |  |
| 796953   | ł                  | Jayden Anthony Landscaping, LLC   |                              |                    |   |  |
| 3. NAICS Code  |                    |   |                              |                    |   |  |
| 238900   |                    | Brief description of the character of business conducted in Rhode Island     Landscaping and other services |                              |                    |   |  |
|  | Landscapi          | ng and other se   | rvices                       |                    |   |  |
| 5. State of Formation Rhode Island   |                    |   |                              |                    |   |  |
|  |                    | <del></del>   |                              |                    |   |  |
| 6. Principal Office Address  |                    |   | Crty                         | State              | Zip                                     |  |
| 339 Woodbine Street  |                    |   | Cranston                     | RI                 | 02910                                   |  |
| 7. Mailing Address of Limit  | ed Liability Compa | any and Name o  | or Title of Contact Person   | <del></del>        | . · · · · · · · · · · · · · · · · · · · |  |
| Contact Name Stephen Silva   |                    |   | Contact Title Member         |                    |   |  |
| Street Address 339 Woodbine Street   |                    |   | City Cranston                | State RI           | Zip 02910                               |  |
|  | nes and addresse   | s) of the Limited   | Liability Company, IF APPLIC | ABLE - DO NOT LIST | MEMBERS                                 |  |
| Magager Name   |                    |   | Magager Name                 |                    |   |  |
| Street Address   |                    |   | Street Address               |                    |   |  |
| City   | State              | Zíp   | City                         | State              | Zip                                     |  |
| Manager Name   |                    |   | Manager Name                 |                    |   |  |
| Street Address   |                    |   | Street Address               | Street Address     |   |  |
| City Control C | State              | Zip   | City                         | State              | Zip                                     |  |
|  |                    |   |                              | Check the box to i | ndicate an attachment                   |  |
|  |                    |   |                              |                    |   |  |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Name of Authorized Person

Signature of Authorized Person

Stephen Silva