



State of Rhode Island

Department of State - Business Services Division

AMENDMENT  
AMENDEDAnnual Report for the year: 2021

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.

RECEIVED  
STATE  
RI DEPT OF STATE  
BUS SVCS DIV  
2021 FEB 26 PM 12:19

1. Entity ID Number <u>001714913</u>		2. Exact name of the Limited Liability Company <u>M &amp; M TREE SERVICE LLC</u>	
3. NAICS Code <u>812990</u>		4. Brief description of the character of business conducted in Rhode Island <u>Tree Service</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>49 Pacific St Fl 1</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
		Zip <u>02863</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>MARVIN LOPEZ</u>		Contact Title <u>MANAGER</u>	
Street Address <u>49 Pacific St Fl 1</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>
		Zip <u>02863</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>MARVIN LOPEZ</u>		Manager Name <u>MARISEIDA ORTEGA</u>	
Street Address <u>49 Pacific St Fl 1</u>		Street Address <u>48 Fletcher St #2</u>	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02863</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>MARVIN LOPEZ</u>			Date <u>02/19/21</u>
Signature of Authorized Person <u>Marvin Lopez</u>			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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12:19



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 26, 2021 12:19 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

