



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 SERVICES DIV
2021 FEB 26 PM 12:19

| | | | | | |
|--|--------------------|--|--|-------------------------|---------------------|
| 1. Entity ID Number <u>001714913</u> | | 2. Exact name of the Limited Liability Company <u>M & 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> | Zip <u>02863</u> | City <u>CENTRAL FALLS</u> | State <u>RI</u> | Zip <u>02863</u> |
| 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. 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

FEB 26 2021

12:19