



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001686103

2. Exact Name of the Limited Liability Company Idle Hands Industry LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

115310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

UNDER THE FICTITIOUS BUSINESS ENTITY HUSTLE TREE CARE, THE MAJORITY OF BUSINESS CONDUCTED IS RESIDENTIAL TREE WORK AS A LICENSED AND INSURED ARBORIST FOR CLIENTS. SUB-CONTRACT WORK FOR OTHER TREE INDUSTRY OUTFITS IS ALSO CONDUCTED.
A SMALL AMOUNT OF COMMISSIONED METAL FABRICATION IS ALSO CONDUCTED UNDER THE NAME IDLE HANDS INDUSTRY LLC - THE APPLICABLE NAICS CODE FOR WHICH IS 33121.

5. Principal Office Address

No. and Street: 62 DIKE STREET UNIT #114
City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 37 VIOLET STREET
City or Town: PROVIDENCE

State: RI Zip: 02908 Country: US

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SEAN PATRICK O'BRIEN 37 VIOLET STREET PROVIDENCE , RI 02908

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of March, 2021 at 11:12:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SEAN P OBRIEN
Signature of Authorized Person

Form No. 632
Revised 09/07