

Department of State - Business Services Division

Annual Report for the year: 202 | 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.

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2021 HAY 20 P 2: 20

1. Entity ID Number	2. Exact name of the Limited Liability Company				
111120347	EPPLS 11C				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
5701730	Tree Sorvice				
5. State of Formation	1 2 100				
ET.					
6. Principal Office Address			City	State	Zıp
50 Harr Pleasont Are HZ			Providence	PI	DZ908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Edde Padilla			Contact Title		
Street Address StD MUNT PLECTSONT ALC # 2			city Providence	State	Zip D2904)
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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 Date					
Eddle Pa			5-2	20-21	
Signature of Authorized Person					
Folia taplia					

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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