



State of Rhode Island  
**Department of State - Business Services Division**

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2021 AUG 18 PM 12:54

**Annual Report for the year: 2017**  
**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.

1. Entity ID Number <b>1338078</b>		2. Exact name of the Limited Liability Company <b>SOTO Irrigation Your Landscaping Neighbor LLC</b>			
3. NAICS Code <b>221310</b>		4. Brief description of the character of business conducted in Rhode Island <b>Irrigation &amp; Landscaping</b>			
5. State of Formation <b>R.I</b>					
6. Principal Office Address <b>48 Paulino S.T</b>		City <b>Johnston</b>	State <b>R.I</b>	Zip <b>02919</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Yini SOTO</b>		Contact Title <b>owner</b>			
Street Address <b>17 Garfield S.T</b>		City <b>North Providence</b>	State <b>R.I</b>	Zip <b>02904</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Yini SOTO</b>		Manager Name			
Street Address <b>17 Garfield S.T</b>		Street Address			
City <b>N.P</b>	State <b>R.I</b>	Zip <b>02904</b>	City	State	Zip
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.					
<b>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.</b>					
Name of Authorized Person <b>Yini SOTO</b>				Date <b>8/18/21</b>	
Signature of Authorized Person 					

**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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