



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

**FILED STAMP**

OCT 1 2021  
 BY 7264

**Annual 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.

1. Entity ID Number <b>001702031</b>		2. Exact name of the Limited Liability Company <b>McCool, LLC</b>			
3. NAICS Code 561730		4. Brief description of the character of business conducted in Rhode Island LANDSCAPING			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 50 RESERVOIR AVENUE			City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LOUIS E. BALDI			Contact Title REGISTERED AGENT		
Street Address 445 BUDLONG ROAD			City CRANSTON	State RI	Zip 02920
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 <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 MICHAEL McCOOL				Date 9/23/21	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
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