



State of Rhode Island  
Department of State – Business Services Division

**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

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|---------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------|-------------------|-------------|--------------|
| 1. Entity ID No.<br>001703110                                                                                       |             | 2. Exact name of the Limited Liability Company<br>Steve Stewart's Lawn Equipment Repair, LLC   |                   |             |              |
| 3. NAICS Code<br>811411                                                                                             |             | 4. Brief description of the character of business conducted in Rhode Island<br>repair services |                   |             |              |
| 5. State of Formation<br>Rhode Island                                                                               |             |                                                                                                |                   |             |              |
| 6. Principal Office Address<br>1239 South Road                                                                      |             |                                                                                                | City<br>Wakefield | State<br>RI | Zip<br>02879 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                 |             |                                                                                                |                   |             |              |
| Stephen O. Stewart                                                                                                  |             |                                                                                                |                   |             |              |
| Street Address<br>1239 South Road                                                                                   |             |                                                                                                |                   |             |              |
| City<br>Wakefield                                                                                                   | State<br>RI | Zip<br>02879                                                                                   |                   |             |              |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS    |             |                                                                                                |                   |             |              |
| Manager Name<br>Stephen O. Stewart                                                                                  |             |                                                                                                | Manager Name      |             |              |
| Street Address<br>1239 South Road                                                                                   |             |                                                                                                | Street Address    |             |              |
| City<br>Wakefield                                                                                                   | State<br>RI | Zip<br>02879                                                                                   | City              | State       | Zip          |
| Manager Name                                                                                                        |             |                                                                                                | Manager Name      |             |              |
| Street Address                                                                                                      |             |                                                                                                | Street Address    |             |              |
| City                                                                                                                | State       | Zip                                                                                            | City              | State       | Zip          |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                 |             |                                                                                                |                   |             |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of 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.

*Stephen O. Stewart*  
Signature of Authorized Person

9/6/2021  
Date

Stephen O. Stewart  
Name of Authorized Person

**FILED**

MAIL TO:  
Division of Business Services  
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Phone: 401.222.3040  
Website: www.sos.ri.gov

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