

R.I. DEPT. OF STATE BUS SYCS DIV

2021 OCT -5 AH 11: 06

Filing Period: September 1 - November 1

Filing Fee: \$50.00

■ Penalty: Additional \$25.00 fee if form is not filed by December 1

001703110		2. Exact name of the Limited Mahility Company Steve Stewart's Lawn Equipment Repair, LLC					
'ક્ષીપ'\ _\	4. Brief descr	4. Brief description of the character of husiness conducted in Rhode Island repair services					
5. State of Formation Rhode Island							
6. Principal Office Address 1239 South Road			Wakefield		State RI	^{Zip} 02879	
7. Mailing Address of Lim	ited Liability Co	mpany and Name or	Title of Contact Person				
Staphan O. Stewart							
Street Address 1239 South Road			- '				
Cny Wakefield	State RI	2 <i>ip</i> 02879		:	·		
			<u>!</u>				
		· :		!			
8. List ALL managers (nan	nes and addresses) of the Limited Liabi	lity Company. IF APPLICABLE	E - DO NOT LIST ME	MBERS		
Manager Name Stephen O. Stewart			Manager Name	•			
Street Address 1239 South Road			Street Address				
Cuy Wakefield	State RI	^{Z/p} 02879	City	State	Zip		
Manager Name		-	Manager Name		<u>, </u>		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to indicate an attachment			
9. REGISTERED AGENT							
This information is currently	y of record in the	Office of the Secretary	of State. Changes require filing	g of Form 642			
Under penalty of perjury, I described because true and		that I have examined	this report, including any accom	mpanying schedules and	d statements, a	nd that all statemen	
	0			9/6	13021		
Stophen O	Sleture	<u> </u>		Date	7		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, RI 02904-2615

Phone: 401.222.3040 Website: www.sos.ri.gov 149.