State of Rhode Island and Providence Plantations

Department of State - Business Services Division

AFCE - ED R.I. DEPT. OF STATE BUS SYCS DIV

STAME

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 Number 000131163	ł		Liability Company	; BY_	0			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238990	Landscaping Services							
5. State of Formation	1							
Rhode Island								
6. Principal Office Address	<u> </u>		City	State	Zip			
179 Ridge Road			Smithfield	RI	02917			
7. Mailing Address of Limited Lia	bility Compan	y and Name or T	itle of Contact Person	•	•			
Contact Name David A. Lombardi			Contact Title Member					
Street Address 179 Ridge Road			City Smithfield	State RI	^{Zip} 02917			
8. List ALL managers (names ar	nd addresses)	of the Limited Li	ability Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	<u>. </u>	<u> </u>		Check the box to in	ndicate an attachment			
9. Resident Agent in Rhode Islan	nd. This informa	ition is currently of	record with the Department of Sta	ite. Changes require filin	g Form 642.			
Under penalty of perjury, I dec statements, and that all staten				g any accompanying	g schedules and			
Name of Authorized Person		·	- , , , , , , , , , , , , , , , , , , ,	Date				
David A. Lombardi, Membe	г			10/19	1/21			
Signature of Authorized Person	wd:	SIGN I	COCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov