	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River St		
HORE	Providence RI 0290 (401) 222-304		
MOPEN	, , , , , , , , , , , , , , , , , , ,		
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp	any failing or refusing	
to file its annual report within 16-66(b&c)) is subject to a	n thirty (30) days after the time presci	ibed by law (R.I.G.L. 7	7-
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>001665149</u>	<u>)</u>		
2. Exact Name of the Lin	mited Liability Company <u>COUNT</u>	RYVIEW ESTATES	LANDSCAPING.
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Enter the six digit NAICS (Code that best describes the primary	usiness conducted by	, the entity Download
-	e information on <u>NAICS</u> can be found	-	The entry. Download
561730			
A Duiof Desculution of the			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
4. Brief Description of the LANDSCAPING	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
		is Actually Conduct	ed in Rhode Island
LANDSCAPING 5. Principal Office Addres	ss	is Actually Conduct	ed in Rhode Island
LANDSCAPING 5. Principal Office Address No. and Street: 100	ss <u>L BRAYTON RD</u>	is Actually Conduct	ed in Rhode Island Country: <u>USA</u>
LANDSCAPING 5. Principal Office Address No. and Street: 100 City or Town: TIV	ss <u>L BRAYTON RD</u>	<u>RI</u> Zip: <u>02878</u>	Country: <u>USA</u>
LANDSCAPING 5. Principal Office Address No. and Street: 100 City or Town: TIV 6. Mailing Address of Line	ss <u>L BRAYTON RD</u> <u>'ERTON</u> State:	<u>RI</u> Zip: <u>02878</u>	Country: <u>USA</u>
LANDSCAPING 5. Principal Office Address No. and Street: 100 City or Town: TIV 6. Mailing Address of Line Contact Name: DAVIS Line	ss <u>L BRAYTON RD</u> <u>'ERTON</u> State:	<u>RI</u> Zip: <u>02878</u>	Country: <u>USA</u>
LANDSCAPING 5. Principal Office Addrest No. and Street: 100 City or Town: TIV 6. Mailing Address of Line Contact Name: DAVIS Line No. and Street: 100	ss L BRAYTON RD 'ERTON State: mited Liability Company and Name OGAN Contact Title: OWNER	<u>RI</u> Zip: <u>02878</u> or Title of Contact F	Country: <u>USA</u>
LANDSCAPING 5. Principal Office Address No. and Street: 100 City or Town: TIV 6. Mailing Address of Line Contact Name: DAVIS Line No. and Street: 100 City or Town: TIVE	ss <u>L BRAYTON RD</u> <u>'ERTON</u> State: mited Liability Company and Name OGAN Contact Title: OWNER L BRAYTON RD ERTON State: <u>I</u> ERTON State: <u>I</u>	<u>RI</u> Zip: <u>02878</u> or Title of Contact F <u>RI</u> Zip: <u>02878</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
LANDSCAPING 5. Principal Office Addrest No. and Street: 100 City or Town: TIV 6. Mailing Address of Line Contact Name: DAVIS Le No. and Street: 100 City or Town: TIVE 7. Name and Address of	ss <u>L BRAYTON RD</u> <u>'ERTON</u> State: mited Liability Company and Name OGAN Contact Title: OWNER L BRAYTON RD ERTON State: <u>I</u> ERTON State: <u>I</u>	RI Zip: 02878 or Title of Contact F RI Zip: 02878 ility Company, if App	Country: <u>USA</u> Person: Country: <u>USA</u>
LANDSCAPING 5. Principal Office Address No. and Street: 100 City or Town: TIV 6. Mailing Address of Line Contact Name: DAVIS Line No. and Street: 100 City or Town: TIVE 7. Name and Address of DO NOT LIST MEMBER	ss <u>L BRAYTON RD</u> <u>'ERTON</u> State: nited Liability Company and Name OGAN Contact Title: <u>OWNER</u> L BRAYTON RD ERTON State: <u>F</u> Each Manager of the Limited Liab RS	RI Zip: 02878 or Title of Contact F RI Zip: 02878 ility Company, if App Add	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVIS R. LOGAN 81 DURFEE ROAD TIVERTON, RI 02878

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2021 at 4:26:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVIS LOGAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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