



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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 001663081		2. Exact name of the Limited Liability Company NOONAN ENTERPRISES LLC			
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 235 BOYD AVE		City EAST PROVIDENCE	State RI	Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ZACHARY NOONAN			Contact Title OWNER		
Street Address 235 BOYD AVE		City EAST PROVIDENCE	State RI	Zip 02914	
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.					
<i>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.</i>					
Name of Authorized Person ROBERT HASKELL			Date 12/1/21		
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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