

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2821 DEC 20 PM 3: 19

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	Brief description of the character of business conducted in Rhode Island LANDSCAPING				
5. State of Formation RHODE ISLAND					
Principal Office Address SOYD AVE			City EAST PROVIDENCE	State RI	Zip 02914
7. Mailing Address of Limited Lia	ability Compa	ny and Name o			
Contact Name ZACHARY NOONAN			Cantact Title OWNER		
Street Address 235 BOYD AVE			City EAST PROVIDENCE	State RI	^{Zip} 02914
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	C.ty	State	Zip
Manager Name	<u> </u>	1	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	I	<u></u>	Chi	_! eck the box to ii	ndicate an attachment
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I dec statements, and that all statem			examined this report, including any true and correct.	accompanyin	g schedules and
Name of Authorized Person				Date	
ROBERT HASKELL				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 FILED

3:21

DEC 3 0 2021

FORM 632 - Kirvisem 03/2020