

State of Rhode Island

## **Department of State - Business Services Division**

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Annual Report for the year: 202み Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001703548	J-Scape seasonal property care LC			
3. NAICS Code 50130  5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island  Land Scape / Excavation			
6. Principal Office Address 289 MUI berry Orive		City Wakefleld	State (2.5	Zip 0287-9
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person		
Contact Name Jared Girard		Contact Title OW NEY		
Street Address 289 Mulberry Drive		chy wanefield	State [L.IL	Zio 02879
8. The Resident Agent informati	on currently of record with the	RI Department of State is accu	ırate. Changes requi	
Under penalty of perjury, I de statements, and that all state	clare and affirm that I have e ments contained herein are t	xamined this report, including true and correct.	g any accompanyir	ng schedules end
Name of Authorized Person			Date	
Jared . Girard			5-6-2022	
Signature of Authorized Person	het 9 :-	>		

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MAIL TO:

**Division of Business Services** 

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