



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Limited Liability CompanyRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2022 AUG -1 A 10:59

- 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 <u>001712879</u> | | 2. Exact name of the Limited Liability Company <u>BAS Landscaping Services, LLC</u> | | | |
| 3. NAICS Code <u>561730</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Landscaping, mowing, trimming</u> <u>minor tree work, minor masonry work</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>45 Hammet Rd</u> | | City <u>Coventry</u> | | State <u>RI</u> | Zip <u>02816</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Christopher Bassett</u> | | Contact Title <u>owner</u> | | | |
| Street Address <u>45 Hammet Rd</u> | | City <u>Coventry</u> | | State <u>RI</u> | Zip <u>02816</u> |
| 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Person <u>Chris Bassett</u> | | | | Date <u>7/12/22</u> | |
| Signature of Authorized Person <u>Chris Bassett</u> | | | | | |

FILED

11:01

MAIL TO:

Division of Business Services

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