



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

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BUS SERVICES
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|---|--|---|--------------------|
| 1. Entity ID Number <u>000486478</u> | | 2. Exact name of the Limited Liability Company <u>POWER LAWNMOWER CO. LLC</u> | |
| 3. NAICS Code <u>811411</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Lawnmower repair shop</u> | |
| 5. State of Formation <u>0008 RI</u> | | | |
| 6. Principal Office Address <u>1 Main St</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02802</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>David Pendergast</u> | | Contact Title <u>Owner</u> | |
| Street Address <u>1 Main St PO Box 613</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02802</u> | |
| 8. 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>David - J. Pendergast</u> | | Date <u>5.26.2023</u> | |
| Signature of Authorized Person <u>[Signature]</u> | | | |

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MAIL TO:

Division of Business Services

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