		te of Rhode Isla f the Secretary		Fee: \$50.00
		on Of Business Se		
		48 W. River Stree		
	Prov	idence RI 02904-2	2615	
7636	·	(401) 222-3040		
Limited Liabilit Annual Report	y Company			
Filing Period: Feb	ruary 1 - May 1			
refusing to file its	h R.I.G.L. 7-16-66(d), each annual report within thirty ( 5-66(b&c)) is subject to a pe	(30) days after the	time prescribed	by
ANNUAL REPOF	RT YEAR - ENTER THE CUR	<u>RENT</u> FILING YEA	R <b>2023</b> : <u>2023</u>	
1. ID No. <u>001</u>	1748060			
2. Exact Name	of the Limited Liability Con	וpany <u>HANLEY':</u>	<u>S HOME IMPR</u>	OVEMENT LLC
3. State of Form	nation			
State: <u>MA</u>				
		NAICS CODE		
-	t NAICS Code that best des t of codes <u>here.</u> More inforr			• •
<u>561730</u>				
Island	ion of the Character of the	Business Which	is Actually Cond	lucted in Rhode
LANDSCAPIN	<u>J SERVICES</u>			
5. Principal Offi	ce Address			
No. and Street:	28 CHURCH ST			
City or Town:	<u>STE 14 #649</u> <u>WINCHESTER</u>	State: <u>MA</u>	Zip: <u>01890</u>	Country: <u>USA</u>
	es of Limited Liphility Con	npany and Name c	or Title of Contac	ct Person:
6. Mailing Addre				
-	<u>BENJAMIN HANLEY</u> Conta <u>320 THAMES STREE</u> STE 1 P.O 592			

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LEGALINC CORPORATE SERVICES INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 12 Day of July, 2023 at 12:06:58 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By **BENJAMIN HANLEY**

Signature of Authorized Person

Form No. 632 Revised 09/07

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