

State of Rhode Island **Department of State - Business Services Division**

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

Annual Report for the year: 2023 2023 JUL 19 A 9:59 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.

	2. Exact name of the Limited	t I lability Company			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000419607	Diverse Environmental LLZ				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
611519	611519 Teach Class				
5. State of Formation	1		_	,	
RT.	Demulition a	and Asbestan	Remova	<u>/</u>	
6. Principal Office Address		City	State	Zip	
33 Lexination Aug		Cranster	RI	02960	
7 Mailing Address of Limits	ed Liability Company and Name or				
Contact Name	ernandez		under L	anner_	
Street Address 33 Loxingte Aug		cransten	State	02910	
8 The Resident Agent Info	rmation currently of record with the		ite. Changes requir	e filing Form 642.	
Under penelty of periury.	I declare and affirm that I have to	examined this report, including	any accompanyin	g schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Person			Date		
Jose Fernandez			779-23		
Signature of Authorized Pe			-		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.ri.gov MFILED 459

FORM 632 - Revised: 2/2023