RI SOS Filing Number: 202341708430 Date: 9/14/2023 10:35:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 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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2023 SEP 14 A 10: 34

| 1. Entity ID Number | 2 Exact name of the Limited L | iability Company | | |
|--|--|------------------|---------|-----------|
| 000420415 | Grasshopper 1 | kuwn + Land Sca | be Serv | ice ille. |
| 3. NAICS Code | 4 Brief description of the character of business conducted in Rhode Island | | | |
| 561730 | | | | |
| 5. State of Formation | landsaping | | | |
| RI | 10011013-04. | | | |
| 6. Principal Office Address | | City | State | Zip |
| 1 Lakeview | Prenue | Newport | RI | 102840 |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name VISTING BOWAVE Contact Title BOOKLELOLY | | | | |
| Supple Address | no Blvd | CHITAII River | State 0 | 82721 |
| 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 | | | Date | |
| Kristine bollyane | | | 91131 | 2023 |
| Signature of Authorized Person | | | | |
| Gustinebourque | | | | |

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BY LKS JMA22

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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