

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

7V29

→ 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
MODIFICATION	DESIGN UNDER SKY, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
54132 🕖	Landscape Architecture				
5. State of Formation	]				
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
57 Hudson Street	Providence		RI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Adam E. Anderson		Contact Title Founder/Principal			
Street Address 57 Hudson Street		City Providence	State RI	<sup>Zip</sup> 02909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<ol> <li>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.</li> </ol>					
Name of Authorized Person		Date	1		
Adam E. Anderson		02/20/202	02/20/2024		
Signature of Authorized Person					

FILED

FEB 21 2024

MAIL TO:

Division of Business Services

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

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