



State of Rhode Island

Department of State - Business Services Division

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**Annual Report for the year: 2024 -  
 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.

|                                                                                                                                                                                                      |  |                                                                                                                              |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001694435                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br>A Thomas Landscaping LLC                                                   |             |
| 3. NAICS Code<br>561730                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br>Cutting Grass, Cutting shrubs + Bushes<br>mow |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |  |                                                                                                                              |             |
| 6. Principal Office Address<br>122 Clay St #1                                                                                                                                                        |  | City<br>Central Falls                                                                                                        | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>02863                                                                                                                 |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |  |                                                                                                                              |             |
| Contact Name                                                                                                                                                                                         |  | Contact Title                                                                                                                |             |
| Street Address<br>A Thomas Landscaping                                                                                                                                                               |  | City<br>Central Falls                                                                                                        | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>02863                                                                                                                 |             |
| 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<br>Aniseto Tomas                                                                                                                                                           |  | Date<br>02-27-24                                                                                                             |             |
| Signature of Authorized Person<br>                                                                                                                                                                   |  |                                                                                                                              |             |

FILED

FEB 28 2024

BY ML GW ZVS

**MAIL TO:****Division of Business Services**

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