|   | State of F<br>Office of the S    | Rhode Island<br>Secretary of |                   | Fee: \$50.00        |
|---|----------------------------------|------------------------------|-------------------|---------------------|
|   |                                  | Business Servi               | ces               |                     |
| 148 W. River Street   |                                  |                              |                   |                     |
| Providence RI 02904-2615  |                                  |                              |                   |                     |
| 7636  | (401)                            | 222-3040                     |                   |                     |
| Limited Liability<br>Annual Report<br>Filing Period: Febro  |                                  |                              |                   |                     |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |                                  |                              |                   |                     |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024  |                                  |                              |                   |                     |
| 1. ID No. <u>001721849</u>  |                                  |                              |                   |                     |
| 2. Exact Name of the Limited Liability Company <u>G&amp;L RI LLC</u>  |                                  |                              |                   |                     |
| 3. State of Forma   | ation                            |                              |                   |                     |
| State: <u>RI</u>  |                                  |                              |                   |                     |
| NAICS CODE  |                                  |                              |                   |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |                                  |                              |                   |                     |
| <u>238990</u>   |                                  |                              |                   |                     |
| 4. Brief Descriptio   | on of the Character of the Busin | ess Which is <i>I</i>        | Actually Condu    | cted in Rhode       |
| LANDSCAPING, POWER WASH, DERBIS REMOVAL,  |                                  |                              |                   |                     |
| 5. Principal Office   | e Address                        |                              |                   |                     |
| No. and Street:   | 149 OBED AVE                     |                              |                   |                     |
| City or Town:   | NORTH PROVIDENCE                 | State: <u>RI</u>             | Zip: <u>02904</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |                                  |                              |                   |                     |
| Contact Name: C   | Contact Title:                   |                              |                   |                     |
| No. and Street:   | <u>149 OBED AVE</u>              |                              |                   |                     |
| City or Town:   | NORTH PROVIDENCE                 | State: <u>RI</u>             | Zip: <u>02904</u> | Country: <u>EST</u> |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |                                  |                              |                   |                     |
| OSCAR D LOPEZ GONZALEZ 149 OBED AVE NORTH PROVIDENCE , RI 02904   |                                  |                              |                   |                     |
| -   |                                  |                              |                   |                     |

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

**Signed this 13 Day of March, 2024 at 7:34:25 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 OSCAR LOPEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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