



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

FILED

MAR 12 2024

BY *[Signature]* 2282

Annual Report for the year: 2024
Corporation

- 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 <i>000007828</i>		2. Exact name of the Corporation <i>S&B LANDSCAPE & CONSTRUCTION CO. LLC</i>				
3. Principal Office Address <i>1 COMMON STREET</i>			City <i>BRISTOL</i>	State <i>RI</i>	Zip <i>0288</i>	
4. NAICS Code <i>33120</i>		6. Brief description of the character of business conducted in Rhode Island <i>ALL ASPECTS OF EXECUTIVE, MANAGING & SITE WORK, LANDSCAPE RELATED WORK</i>				
5. State of Incorporation <i>RI</i>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <i>Wesley Gable</i>			Vice-President Name <i>Scott Gable</i>			
Street Address <i>31 DOBBIE DRIVE</i>			Street Address <i>15 LACADAM DRIVE</i>			
City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02924</i>	City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02924</i>	
Secretary Name <i>Wesley Gable</i>			Treasurer Name <i>Wesley Gable</i>			
Street Address <i>31 DOBBIE DRIVE</i>			Street Address <i>31 DOBBIE DRIVE</i>			
City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02924</i>	City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02924</i>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<i>500</i>		<i>Stock</i>	<i>1.00</i>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative <i>Wesley Gable</i>					Date <i>March 5, 2024</i>	
Signature of Authorized Representative <i>[Signature]</i>						

MAIL TO:
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Website: www.sos.ri.gov