	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability (Annual Report Filing Period: Februa		
refusing to file its an	R.I.G.L. 7-16-66(d), each limited liability company failing or nual report within thirty (30) days after the time prescribed by 6(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001673203</u>		
2. Exact Name of the Limited Liability Company Marsella Lawn Services LLC		
3. State of Format	ion	
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>561730</u>		
4. Brief Description Island	n of the Character of the Business Which is Actually Conducted in	Rhode
LANDSCAPING S	SERVICES	
5. Principal Office	Address	
No. and Street:	1034 OLD MILL RD	
City or Town:		ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
	CHARD TRETHEWAY Contact Title:	
No. and Street:	PO BOX 1064	
City or Town:	BLOCK ISLAND State: RI Zip: 02807 Countr	y: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
DEREK J MARSELLA 73 WEST SIDE ROAD P.O. BOX 1064 BLOCK ISLAND , RI 02807		

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

Signed this 19 Day of March, 2024 at 10:33:30 AM 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 <u>RICHARD TRETHEWAY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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