RI SOS Filing Number: 202449931820 Date: 4/1/2024 4:00:00 PM

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

<sup>City</sup> West Kingston



State of Rhode Island

## Department of State - Business Services Division

FILED SPRAINTEL

DV. HENLO

Annual Report for the year: 2024**Limited Liability Company** 

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00

1. Entity ID Number

5. State of Formation

106 Laurel Lane

6 Principal Office Address

Contact Name Andrew M. Mignanelli

Street Address 109 Laurel Lane

Name of Authorized Person

Andrew M. Mignanelli

001661293

3. NAICS Code

561730

RI

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

statements, and that all statements contained herein are true and correct.

May 1 fee if form is not filed by May 31.					
					2. Exact name of the Andy's Lawn
4. Brief description o Lawn Care	f the character of business conducted in F	Rhode Island			
	City West Kingston	State RI	Zip 02892		
olity Company and Na	ame or Title of Contact Person				
nanelli	Contact Title Member	Contact Title Member			
ie	City West Kingston	State RI	<sup>Zip</sup> 02892		

	The same of the sa

Date

MAIL TO:

**Division of Business Services** 

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

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