

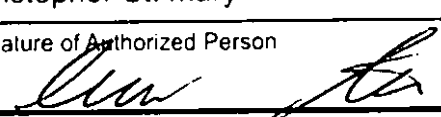


State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
MAY 01 2024  
BY 1025  
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|   |  |   |                        |                     |
|---|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>001705625</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Down to Earth Landscaping, LLC</b>           |                        |                     |
| 3. NAICS Code<br><b>541320</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Landscaping</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>  |  |   |                        |                     |
| 6. Principal Office Address<br><b>56 Cottage Street</b>   |  | City<br><b>Cranston</b>   | State<br><b>RI</b>     | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                        |                     |
| Contact Name<br><b>Christopher St. Mary</b>   |  | Contact Title<br><b>Member</b>  |                        |                     |
| Street Address<br><b>56 Cottage Street</b>  |  | City<br><b>Cranston</b>   | State<br><b>RI</b>     | Zip<br><b>02910</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                        |                     |
| 9. 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><b>Christopher St. Mary</b>  |  |   | Date<br><b>4/23/24</b> |                     |
| Signature of Authorized Person<br>   |  |   |                        |                     |

**MAIL TO:**

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