

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

Annual Report for the year:
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.

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1. Entity ID Number	2. Exact name of the Limited Lie	bility Company				
001688068	Rivera 5 2	andscaping L	LC.	•		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561730						
5. State of Formation	,					
RI	Landscarin	.g				
6. Principal Office Address		Čity	State	Zip		
66 armination	ave	Providence	RI	0 29 08		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contect Name  Elver 6 Riverg Pre						
8. Teol Address 66 Ariminister		Chy Priduce		<b>න</b> ලෝ <i>ල</i> පු		
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 Elver GRivera			5/8-/2024			
Signature of Authorized Person  Lun Hum						

MAY - 8 2024 BY\_YB 3k6

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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