

RI SOS Filing Number: 202454488560 Date: 5/8/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2029
Limited Liability Company

-> Filing period: February 1 - May 1

→ Fling Fee: \$50.00

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

RECORDES BS
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1. Entity ID Number	2. Exect name of the Limited Liability Company			
1708833	HTMONDER SON LANDECAPHS 11C			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
56 17°70				
5. State of Formation	Landsci	OPMO		
RI	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
6. Principal Office Address		City	State	Zip
60 DEWEY S	7	Providence	Ri	02909
	Liability Company and Name or	Title of Contact Person		
Contact Name LULIN (-/ -/	andets	Contect Title		
Steel Address 60 dewx	ST.	CHY Providenda	State , Ri	02909
		RI Department of State is accurate.	Changes require	filing Form 642.
9. Under penalty of perjury,		examined this report, including a		
Name of Authorized Person			Date To Communication	
LUDA HERARNAZ			5/8/2014	
Signature of Authorized Perso	n /			<u> </u>
The part	4			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY -8 2024 BY_WDL/VB

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