RI SOS Filing Number: 202459230650 Date: 9/5/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Entity ID Number	2 Exact name of the Limited Liability Company		
1766959	Mr All Seasonal LLC		
3. NAICS Code	4. Brief description of the charac	cter of business conducted in Rho	de Island
561730	Land Scaping		
5. State of Formation			
RI			
6. Principal Office Address	Building GM	City	State Zip
lleb Valley st During 4.		Prov	Rt 02909
7. Mailing Address of Umited Liability Company and Name or Title of Contact Person			
Contact Name		Contact Title	
Typon terrara Street Address W Rowan St		CeO	
Street Address		City	State Zip
TO KOWAN,		prov	RI 02908
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			Date
Tyson Ferrara			9/5/24
Signature of Authorized Person			
Cyur I			

FILED

SFP 0 5 2024 BY KYEIT

MAIL TO:

Division of Business Services

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

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