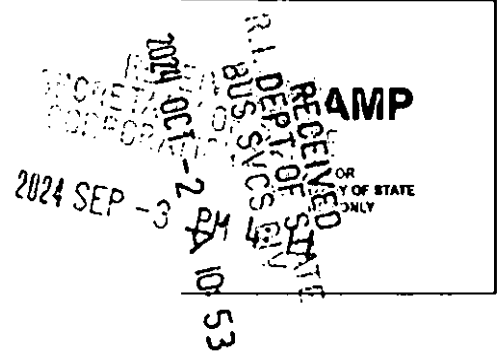





**State of Rhode Island**  
**Department of State - Business Services Division**

**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.



|  |  |   |                        |                     |
|--|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>001730309</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Chuck's Landscaping LLC</b>  |                        |                     |
| 3. NAICS Code<br><b>561-730</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Landscaping, excavation, debri removal, tree planting, land maintenace.</b> |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>   |  |   |                        |                     |
| 6. Principal Office Address<br><b>6 Laurel Lane</b>  |  | City<br><b>North Smithfield</b>   | State<br><b>RI</b>     | Zip<br><b>02896</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |   |                        |                     |
| Contact Name<br><b>Anthony Conetta Jr</b>  |  | Contact Title<br><b>Owner</b>   |                        |                     |
| Street Address<br><b>6 Laurel Lane</b>   |  | City<br><b>North Smithfield</b>   | State<br><b>RI</b>     | Zip<br><b>02896</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |   |                        |                     |
| 9. <i>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.</i> |  |   |                        |                     |
| Name of Authorized Person<br><b>Anthony Conetta Jr</b>   |  |   | Date<br><b>4/11/24</b> |                     |
| Signature of Authorized Person<br>  |  |   |                        |                     |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**OCT 2 2024**

**BY**