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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 20

→ Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

		·		فببجب باختاز الواسعة ببيهن ويست	
1. Entity ID Number	2. Exact name of the Limited Liab	oility Company			
001699435	ATHOMAS LO	nd acapeing	<u>LLC</u>		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Cutting Grass, Cutting Shrubs + Business Cutting				
561730	Cutting 6 (25	15, Coffing The			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
12a Glay	5 t	Central Fulls	KI	02063	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Aniseta Tomas Contact Title OWAET					
Street Address 122 Clay St		City Paw+	State	12863	
8. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.					
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		
Aniseto Tomas		01-28-25			
Signature of Authorized Person					
MARINET					
P 1 (9-)	1				

JAN 28 2025