

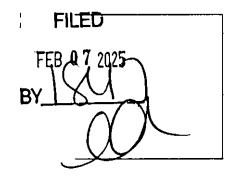
State of Rhode IslandDepartment of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Lim	nited Liability Company		
000876712	Top Not	CH Tree 11C.		
3. NAICS Code		character of business condu		
561730	Tree cotting, frimming, planting			
5. State of Formation	. C1	1.		
KI	Stump gri	ndirg		
6. Principal Office Address	·	City	State	Zip
44 Small o	ox trli	W. Kingstu	n RI	02892
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name (Navles F. Co	inciera II	Contact Title	sident	
Street Address		City	State	Zip
Same				
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	V	Moura bra	N Date	b5
Signature of Authorized Person				
1				

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

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