

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

STAMP

Annual Report for the year: 2025 **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                   | 2. Exact name of the Limited Liability Company HYDRANGEA HILL FARM, LLC  4. Brief description of the character of business conducted in Rhode Island LANDSCAPING. |                                    |                 |                      |
|---------------------------------------|---|------------------------------------|-----------------|----------------------|
| 001663459                             |   |                                    |                 |                      |
| 3. NAICS Code<br>561730               |   |                                    |                 |                      |
| 5. State of Formation<br>RHODE ISLAND |   |                                    |                 |                      |
| 6. Principal Office Address           | · · · · · · · · · · · · · · · · · · ·   | City                               | State           | Zip                  |
| 105 John Scott Lane                   |   | North Kingstown                    | RI              | 02852                |
| 7. Mailing Address of Limited         | Liability Company and Name or Ti  | le of Contact Person               |                 |                      |
| Contact Name Blake Ruggieri           |   | Contact Title Member               |                 |                      |
| Street Address 105 John Scott Lane    |   | North Kingstown                    | State RI        | <sup>Zıp</sup> 02852 |
| 8. The Resident Agent inform          | nation currently of record with the R   | I Department of State is accurate. | Changes require | filing Form 642.     |
|                                       | , I declare and affirm that I have e<br>tements contained herein are tru  | • •                                | any accompany   | ing schedules and    |
| Name of Authorized Person             |   |                                    | Date            |                      |
| Blake Ruggieri, Member                |   |                                    | 1/28/2015       |                      |
| Signature of Authorized Pers          | on .<br>iggleri   |                                    | •               |                      |

**FILED** 

FEB 24 2025

MAIL TO:

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

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