

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

Annual Report for the year: **Limited Liability Company** 

→ Filing Fee: \$50.00

-> Filing period: February 1 - May 1

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



1. Entity ID Number	2. Exact name of the Limited Lie	bility Company		
169613	Light	inks Remov	NOU SE	ervices 24
3. NAICS CODO 56211	4. Brief description of the character of business conducted in Rhode Işland			
	Tunk Renu	ual, Land So	aping, t	ancing,
5. State of Formation	yard work	is Dathulation	and	more"
6. Principal Office Address	100	City 9/1/	State	Zip
624 Charlos St.		promotive	KI	62984
7. Mailing Address of Limited Lie	bility Company and Name or Title	of Confect Person		
John neigoe		Contact Title Quity		
Street Address 624 drafes St		CRY PNOV.	State RF	2tp 05904
8. The Resident Agent Information	on currently of record with the RI (	Department of State is accurate.	Changes require fi	ling 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	om Neig	W	Dete 8	25
Signature of Authorized Person			1.	

FILED

APR 08 2025

MAIL TO:

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

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