RI SOS Filing Number: 202574319290 Date: 6/5/2025 4:00:00 PM



State of Rhode Island

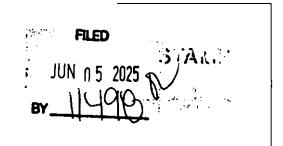
Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
000129637	LOU POLSENO & SON, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
238910	LANDSCAPING & GROUNDWORK FOR CONSTRUCTION			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zıp
661 HARTFORD AVENUE		NORTH SCITUATE	RI	02857-1252
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person		, <u></u>
Contact Name LOUIS POLSENC		Contact Title PREST DENT / OWNER		
Street Address 661 HARTFORD AVENUE		City NORTH SCITUATE	State RT	Zip 02857-1252
8. The Resident Agent info	mation currently of record with the	e RI Department of State is accura	te. Changes requ	ire filing Form 642.
	I declare and affirm that I have tatements contained herein are	examined this report, including true and correct.	any accompany	ing schedules and
Name of Authorized Persor)		Date	
LOUIS PALSENO			3/13/25	
Signature of Authorized Pe	rson		1 3.1	

MAIL TO:

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

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