



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODES ASD  
25 JUL 23 PM 12:46:21

Annual Report for the year:  
Limited Liability Company

2022

- 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<br>1711412                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br>APM Landscaping LLC                       |                 |
| 3. NAICS Code<br>561730                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Landscaping. |                 |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                             |                 |
| 6. Principal Office Address<br>555 Broad St                                                                                                                                                             |  | City<br>Central Falls                                                                       | State<br>RI     |
|                                                                                                                                                                                                         |  | Zip<br>02863                                                                                |                 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                             |                 |
| Contact Name<br>Jason Rocha Jr.                                                                                                                                                                         |  | Contact Title                                                                               |                 |
| Street Address<br>553 Broad St.                                                                                                                                                                         |  | City<br>Central Falls                                                                       | State<br>RI     |
|                                                                                                                                                                                                         |  | Zip<br>02863                                                                                |                 |
| 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                                                                                                                                                                               |  |                                                                                             | Date<br>7.23.25 |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                             |                 |

FILED

JUL 23 2025

BY BWNT

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov