RI SOS Filing Number: 201755427900 Date: 12/28/2017 4:00:00 PM

State of Rhode Island in Department of S			es Division	_	3EC C0
Annual Report for the yalimited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - November	1	mber 1.		RECEIVED CRETARY OF STATE ORPORATIONS (IV) IT DEC 28 AM 9: 1.1
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1659118	BURGESS BROS LAWN & PLOW LLC.				
5. State of Formation	ł		acter of business conducted in も Swow <i>Pも</i> の		
6. Principal Office Address			City	State	Zip
48 HOMERST.			NEWBORT	2)	07840
7. Mailing Address of Limited Li	ability Company	and Name or Ti	tle of Contact Person		
Contact Name		BURGESS	Contact Title		
Street Address 48 How	ER 57.		City NEWFORT	State 21	Zip 02840
B. List ALL managers (names a	and addresses)	of the Limited Lia	ibility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name			Manager Name		-
Street Address			Street Address		
Chy	State	Ziç.	Sity	State	Zip
Manager Name			Manager Name	<u>k</u> .	
Street Address			Street Address		
City	State	Zip	City	State	Zip
		1		Check the box to	indicate an attachment
9. Resident Agent in Rhade Isi	and. This informa	tion is currently of	record with the Department of St		
Under penalty of perjury, I do statements, and that all state	clare and affir	m that I have ex	ramined this report, including	ng any accompanyi	ng schedules and
Name of Authorized Person WILL BURGESS				Date /	2/23/17
Signature of Authorized Perso	Who	Ri		•	
			FILE	:D	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 2 8 2017 BY 30090

A.A.