		State of RI Office of the Se	node Island ecretary of St	ate	Fee: \$50.00
		Division Of Bu	usiness Services		
			iver Street		
			CI 02904-2615		
HOPE		(401) 2	22-3040		
_imited Liabili	-	pany			
Annual Repor Filing Period: Sep		- November 1			
		7-16-66(d), each limited liabili in thirty (30) days after the time			
		penalty fee of \$25.00.		,	
ANNUAL REPOR	RT YEAR:	<u>2020</u>			
1. ID No. <u>00</u>	)1674628	<u>3</u>			
2. Exact Name	of the Li	mited Liability Company <u>Si</u>	teScapes Holdir	igs, <u>LLC</u>	
3. State of Form	nation				
State: <u>RI</u>					
		ARTICL	.E III		
<u>561730</u>	<u>noro.</u> mor	e information on <u>NAICS</u> can be			
4. Brief Descript	tion of th	e Character of the Business	Which is Actua	Ily Conducted	in Rhode Island
LAWN CARE,	TREE S	ERVICES, TREE AND PLA	NT HEALTH	CARE, HARD	SCAPING AND
		VICES, IRRIGATION SER			
REMOVAL SE	RVICES				
5. Principal Offic	ce Addre	SS			
No. and Street:	<u>75 W</u>	ASHINGTON AVENUE			
	SUITI		a	<b>A</b> · · · <b>-</b>	<b>a</b>
City or Town:	PORT	LAND	State: <u>ME</u>	Zip: <u>04101</u>	Country: <u>USA</u>
6. Mailing Addre	ess of Li	mited Liability Company and	Name or Title	of Contact Per	son:
Contact Name:		R HIGGINS Contact Title: MA	NAGER		
No. and Street:	<u>75 WA</u> SUITE	ASHINGTON AVENUE			
City or Town:		<u>: 2J</u> 'LAND	State: ME	Zip: 04101	Country: <u>USA</u>
-					
7. Name and Ad DO NOT LIST		Each Manager of the Limite RS	ed Liability Con	ipany, if Applic	cable.
Title		Individual Name		Addre	SS

MANAG	
INANAG	

First, Middle, Last, Suffix

PALMER HIGGINS

Address, City or Town, State, Zip Code, Country

75 WASHINGTON AVE., SUITE 2J PORTLAND, ME 04101 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 7 Day of October, 2020 at 5:07:35 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By PALMER HIGGINS

Signature of Authorized Person

Form No. 632 Revised 09/07

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