

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

		**					
1. ID No. 102454	2. Exact name of the limited liability company H. Lacerda, Jr. Landscaping & Construction, LLC.						
3. State of Formation RHODE ISLAND		4. Brief description of the EXCAVATION WO	character of the husiness wh RK.	ich is actually conducted in Rhode Isla	nd		
5. Principal office address 465 Oliphant Lane 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N					State R	C 0284Z	
Henry A. Lacerda, Jr.				Contact Title President			
5treet Address 465 Oliphant Lanc 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIA				Middletown	State R	i 02842	
7. NAME AND ADDR	ESS OF	FILL IN SPACE	S BEFORE USING ATT	ACHMENTS ("X" BOX FOR AT		OT LIST MEMBERS	
Manager Name Henry A Lacevota Jr.				Manager Name			
Street Address 465 Oli Phant Lane				Street Address			
Middletai	\mathcal{L}	State RI	^{Ζφ} 62842	City	State	Zip	
Manager Name				Manager Name	*************		
Street Address				Street Address			
City	S. Carlotte	State	Zip	Сйу	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name HENRY A. LACERDA, JR.				require filing of Form 642 - R.I.G.L. 7-16-11 Address			
Address 465 OLIPHANT LANE, #6				City MIDDLETOWN		Ζίρ 02842	

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

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
ile Date 9-7-07	contained herein are true and correct. S - 27-0
y:	Signature of Authorized Person Dute Hanry A Lacarda TR
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person