

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

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 subj	iect to a penalty fee of	\$25.00.				
	xact name of the limite					
14 6999 Noi	'easter Landsca	aping LLC				
3. State of Formation	i. Brief descriptio	m of the character of the bu	siness which is actually conducted in	rhich is actually conducted in Rhode Island		
RI Landscaping						
5. Principal office address			City	State	Zip	
16 Dixon St			Westerly	RI	02891	
6. MAILING ADDRESS O	F LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name			;	Contact Title		
Edward Flynn				Owner		
Street Address			City	State RI	^{Ζψ} 02891	
PO Box 1373			Westerly	l	i i	
7. NAME AND ADDRESS	OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE - <u>DO NO</u>		
	FILL IN	SPACES BEFORE USI	NG ATTACHMENTS ("X" BO	X FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
CHy	State	Zip	City	State	Zip	
]			, <u> </u>		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
	Tau.	7:	Z W 2	State	Zip	
City	State	Zip	City	·	1.47	
8 RESIDENT AGENT IN	RHODE ISLAND	- DO NOT ALTER - C	: Changes require filing of Fo	ı orm 642 - R.I.G.L. 7-16	-11	
Agent Name	ALLO DE MARITE	2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address			
Haslaw, LLC			1500 Fleet Cente	er		
Address			City		Zip	
/ may you			Providence ,RI	02903		
			Trovidence ,rd			

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

File Date	FILED
Check No.	OCT 23 2007
By:	By_398
FOR S	ECRETARY OF STATE USE ONLY

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.

Edward Flynn

Print or Type Name of Authorized Person