



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2007

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. 130822		2. Exact name of the limited liability company East Coast Home and Garden, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LANDSCAPING, GARDEN CENTER	
5. Principal office address 776 Greenville Ave		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan Fahey		Contact Title Owner	
Street Address 831 Wrights Crossing		City Panama	State CT
		Zip 06259	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) ☐			
Manager Name Jonathan Fahey		Manager Name	
Street Address 831 Wrights Crossing		Street Address	
City Panama	State CT	City	State
Zip 06259		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JONATHAN FAHEY		Address	
Address 1760 ATWOOD AVENUE		City JOHNSTON	Zip 02919-

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

File Date 6-10-08
Check No. 4168
By MNC
FOR SECRETARY 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.

Signature of Authorized Person **Jonathan Fahey** Date **5.30.08**
Print or Type Name of Authorized Person **Jonathan Fahey**