RI SOS Filing Number: 200836281400 Date: 10/09/2008 4:00 PM

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 2008

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.	2. Exact name of the limited liability company		
117959	PERFECT TOUCH LANDSCAPING, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	LANDSCAPING		
5. Principal office address	City	State	Zip
41 GREENWOOD STREET	CRANSTON	RI	02910

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CHRISTOPHER P. ZAMBARANO	OWNER		
Street Address	City	State	Zip
41 GREENWOOD STREET	CRANSTON	RI	02910

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			Manager Name		
CHRISTOPHER P. ZAMBARANO					
Street Address			Street Address		
41 GREENWOOD STREET					
City	State	Zip	City	State	Zip
CRANSTON	RI	02910			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Address	
CHRISTOPHER P. ZAMBARANO		
Address	City	Zip
41 GREENWOOD STREET	CRANSTON	02910

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

[redacted] 117959 [redacted]

File Date	FILED
Check No.	OCT 09 2008
By:	By 2024

FOR SECRETARY OF STATE USE ONLY
26925-26-292736

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.

Christopher Zambarano 10-7-08
Signature of Authorized Person *Date*

CHRISTOPHER P. ZAMBARANO
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07