



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

A. Ralph Molits, 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. <u>139112</u>		2. Exact name of the limited liability company <u>Landscapeing LLC</u>	
3. State of formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Construction</u>	
5. Principal office address <u>100 Lewis TRAIL</u>		City <u>Charlestown</u>	State <u>RI</u>
		Zip <u>02813</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>RANDI C Lamb</u>		Contact Title <u>member</u>	
Street Address <u>100 Lewis TRAIL</u>		City <u>Charlestown</u>	State <u>RI</u>
		Zip <u>02813</u>	
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) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>RANDI C Lamb</u>		Address	
Address <u>100 Lewis TRAIL</u>		City <u>Charlestown</u>	State <u>RI</u>

2008 JAN 20 PM 2:07  
 CORPORATIONS DIV  
 STATE OF RHODE ISLAND

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

**FILED**

JAN 20 2009

By 078530

12/07

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

Date

RANDI C Lamb  
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By \_\_\_\_\_