RI SOS Filing Number: 200945684370 Date: 05/11/2009 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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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		
000147172	BAYSCAPE NURSERY LLC		
3. State of Formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: Retail and Wholesale sale of Trees, Shrubs, and other Plants		
5. Principal office address: 2485 Boston Neck Rd	City: Saunderstown	State: RI	Zip: 02874

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

Contact Name	Contact Title		
BARRY Mills	PARTNER		
Street Address: 93 Wildwood Dr.	City: ~~EAST~~ Greenwich	State: RI	Zip: 02818

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	Street Address	City	State	Zip
BARRY Mills	93 Wildwood Dr.	EAST Greenwich	RI	02818
EDWARD FISHELL	356 OCEAN Rd	NARRA	RI	02882

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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2009 MAR 11 AM 11:15
SECRETARY OF STATE
CORPORATIONS DIV

RECEIVED
2009 MAY 11 PM 12:43
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 12:43 [redacted]

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 Fishell 05/29/09
Signature of Authorized Person *Date*

[redacted]

EDWARD FISHELL
Print or Type Name of Authorized Person

File Date	FILED
Check No.	MAY 11 2009
By:	By

FOR SECRETARY OF STATE USE ONLY

33900-2-352553

Form 632 Rev. 08/08