



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* • **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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 000147172		2. Exact name of the limited liability company 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 TREES, SHRUBS AND OTHER PLANTS	
5. Principal office address 2485 Boston Neck Rd		City SAYBROOKSTOWN	State RI
		Zip 02874	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BARRY MILLS		Contact Title PARTNER	
Street Address 93 W. Idwood Tr.		City E. 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) <input type="checkbox"/>			
Manager Name BARRY MILLS		Manager Name	
Street Address 93 W. Idwood Tr.		Street Address	
City E. Greenwich	State RI	Zip 02818	
Manager Name EDWARD FISHELL		Manager Name	
Street Address 356 OCEAN RD.		Street Address	
City NARRA	State RI	Zip 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			

2009 MAY 11 PM 12:43

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

File Date	FILED
Check No.	MAY 11 2009
By:	By <u>EDWARD FISHELL</u>
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 EDWARD FISHELL Date 5/11/09
Print or Type Name of Authorized Person