

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 2009

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. 403025		a name of the limited liability company NP. GREAVES, LLC				
3. State of Formation RHODE ISLAND	4. Brief descrip Landscapi	4. Brief description of the character of the business which is actually conducted in Rhode Island Landscaping, lawn care and snow removal services				
5. Principal office address 3 Gleason Street			City Cranston	State RI	<i>Zip</i> 02910	
Sean P. Greaves	SS OF LIMITED LIAI	BILITY COMPANY AN	O NAME OR TITLE OF CONTA Contact Title Operating Manage			
Street Address 3 Gleason Street			City Cranston	State RI	Zip 02910	
7. NAME AND ADDE	RESS OF EACH MAN. FILL IN	AGER OF THE LIMIT) SPACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u>	LIST MEMBERS	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	••••••••		Manager Name		J	
Street Address			Street Address	Street Address		
City	State	Zip	Сііу	State	Zip	
B. RESIDENT AGENT This information is cur			of State. Changes require filing of	f Form 642 - R.I.G.L. 7-1	6-11	

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

403025

File Date FILED	
Check NoSEP 2 4 2009	
By: -By - 29//)	
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 Date 9/23/6

Print or Type Name of Authorized Person

Form 632 Rev. 08/08