

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| THIS REPORT | MUST BE T | YPED OR PRIN | TED LEGIBLY IN | BLACK INK |
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|                             |   | RINTED LEGIBLY   | IN BLACK INK   |  |                           |  |  |  |
|-----------------------------|---|--|--|--|---------------------------|--|--|--|
| 1. ID No.<br>161719         | 2. Exact name of the limite LGreen, LLC | name of the limited liability company  n, LLC  |  |  |                           |  |  |  |
| 3. State of Formation       | 4. Brief description                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island  |  |  |                           |  |  |  |
| Rhode Island                | Pet care a                              | nd any other law   | ful business   |  |                           |  |  |  |
| 5. Principal office address | •                                       | <del></del>  | City   | State  | 2                         | ip   |  |  |
| 44 Knowlton Street          |   |  | East Providence  | RI   |                           | 2915   |  |  |
| 6. MAILING ADDRES           | SS OF LIMITED LIABI                     | LITY COMPANY AND   | NAME OR TITLE OF CONTACT PE  | RSON:  | THE STATE OF THE STATE OF |  |  |  |
| Contact Name                |   | The state of the s | : Contact Title  |  |                           | \$8750;  |  |  |
| Lorianne Green              |   |  | Member   | •  |                           |  |  |  |
| Street Address              |   |  | City   | State  | Z                         | ip   |  |  |
| 44 Knowlton St              | 44 Knowlton Street                      |  |  | RI   |                           | 2915   |  |  |
|                             | PILL IN SP                              | ACES BEFORE USING  | LIABILITY COMPANY, IF APPLIC<br>ATTACHMENTS ("X" BOX FOR<br>RES FILING OF AMENDMENT, R.L.  | ATTACHMENT)  | TAX KARABARA              |  |  |  |
| Manager Name                |   |  | Manager Name   | The state of the s |                           |  |  |  |
| None                        |   |  | , and the second |  |                           |  |  |  |
| Street Address              |   | Street Address   | Street Address   |  |                           |  |  |  |
| City                        | State                                   | Zip  | City   | State  | Z                         | ip   |  |  |
| Manager Name                |   |  | Manager Name   |  | J                         | ,  |  |  |
| Street Address              |   |  | Street Address   | Street Address   |                           |  |  |  |
| City                        | State                                   | Zip  | City   | State  | Zı                        | <b>(</b> p   |  |  |
| 8. RESIDENT AGENT           | ' IN RHODE ISLAND                       | DO NOT ALTER - CL  | nanges require filing of Form 642  | - Okasesiyasi o  | Sabara da                 | TOTAL SERVICE AND A CONTROL OF THE SERVICE OF THE S |  |  |
| Agent Name                  |   |  | Address  | A.1.V.L.2.10   | MADEL TO 1201             |  |  |  |
| Kathleen G. Di Mu           | ro, Esq.                                |  |  |  |                           |  |  |  |
| Address                     |   |  | City   | City Ziţ   |                           |  |  |  |
| 916 Reservoir Avenue        |   |  | Cranston   | 0291   |                           |  |  |  |
|                             |   | · · · · · · · · · · · · · · · · · · ·  |  |  |                           |  |  |  |
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



0 8 2009

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.

| File Date | arije kon<br>Arshinista |             |                   |
|-----------|-------------------------|-------------|-------------------|
| Check No. |                         | er in the A |                   |
| By        |                         |             | Fire Calculations |
| POR       | SECRETARY OF            | STATE USE   | Y Y Y             |

Signature of Authorized Person

Lorianne Green, Member

Print or Type Name of Authorized Person