

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 PRI	NTED LEGIBLY I	N BLACK INK	

THIS REPORT MU	IST BE TYPED OR P		IN BLACK INK						
1. ID No. 161719	2. Exact name of the limite LGreen, LLC	name of the limited liability company							
3. State of Formation	4. Brief description	on of the character of the bus	siness which is actually conducted in Rhode Is	land					
Rhode Island	Pet care a	nd any other law	ful business						
5. Principal office address	s		City	State	7	Zip			
44 Knowlton Street			East Providence	RI		2915			
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT PE	IRSON:	14.6 () () () () () () () () () (
Contact Name			: Contact Title	34500		#AMERICA OF THE PROPERTY OF THE			
Lorianne Green			Member	•					
Street Address			City	State	Z	ip			
44 Knowlton Street			East Providence	RI		2915			
	PILL IN SP	ACES BEFORE USING	LIABILITY COMPANY, IF APPLIC ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.L.	ATTACHMENT)	The constant				
Manager Name			Manager Name						
None									
Street Address		Street Address	Street Address						
City	State	Zip	City	State	Z	ip			
Manager Name			Manager Name	Manager Name					
Street Address		·	Street Address	···	<u> </u>	···			
City	State	Zip	City	State	Z	ф			
8. RESIDENT AGEN	T IN RHODE ISLAND	DO NOT ALTER . Ch	nanges require filing of Form 642	PICI		1.4 写来,"你能量是一个			
Agent Name	- :5:5:23 		Address	A.I. Waling L.	34.A utum 120ji.				
Kathleen G. Di Mu	ıro, Esq.								
Address			City	City Zip					
916 Reservoir Avenue			Cranston	02910					
					,	<u></u>			

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	ar je k u Avshidiska je		
Check No.		er in the A	
By			FIELDINGS
POR	SECRETARY OF	STATE USE	NLX .

Signature of Authorized Person

Lorianne Green, Member

Print or Type Name of Authorized Person