



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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. 105421		2. Exact name of the limited liability company FOUR WINDS LAWN CARE LLC.	
3. State of Formation RI.		4. Brief description of the character of the business which is actually conducted in Rhode Island LAWN & LANDSCAPE MAINTENANCE	
5. Principal office address 130 BENDARD AVE.		City WARWICK	State RI.
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALAN L. O'LOUGHLIN		Contact Title PRESIDENT	
Street Address 130 BENDARD AVE.		City WARWICK	State RI
		Zip 02889	
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 SEAN P. O'LOUGHLIN		Manager Name ALAN L O'LOUGHLIN	
Street Address 130 BENDARD AVE.		Street Address 130 BENDARD AVE.	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02889
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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			

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

FILED

File Date SEP 29 2011
Check No. BY [Signature]
By: 1488
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.

Alan L O'Loughlin 9/24/11
Signature of Authorized Person Date
ALAN L. O'LOUGHLIN
Print or Type Name of Authorized Person