



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 2011

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

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. 136412		2. Exact name of the limited liability company Button Bush LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, Hold real estate	
5. Principal office address 227 Wampanoag Trail		City Riverside	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George J. Geisser, III		Contact Title Manager	
Street Address 227 Wampanoag Trail		City Riverside	State RI
		Zip 02915	
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) ☐			
Manager Name George J. Geisser		Manager Name Linda M. Geisser	
Street Address 94 Fairway Drive		Street Address 94 Fairway Drive	
City Attleboro	State MA	City Attleboro	State MA
Zip 02703		Zip 02703	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Robert M. Brady		Address	
Address One Grove Avenue		City East Providence	Zip 02914

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

FILED
File Date
Check No. NOV 09 2011
By: BY 15920
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

George J. Geisser, III

Print or Type Name of Authorized Person