



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\* • **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)(6)) is subject to a penalty fee of \$25.00.

|   |   |                      |                       |              |     |
|---|---|----------------------|-----------------------|--------------|-----|
| 1. ID No.<br>526043   | 2. Exact name of the limited liability company<br>Shoreline Landscaping, LLC  |                      |                       |              |     |
| 3. State of Formation<br>Rhode Island   | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Landscaping services |                      |                       |              |     |
| 5. Principal office address<br>PO Box 229 209 PPN   |   | City<br>Narragansett | State<br>Rhode Island | Zip<br>02882 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |   |                      |                       |              |     |
| Contact Name<br>Paul Neri   |   | Contact Title        |                       |              |     |
| Street Address<br>PO Box 229 209 PPN  |   | City<br>Narragansett | State<br>RI           | Zip<br>02882 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |   |                      |                       |              |     |
| Manager Name  |   | Manager Name         |                       |              |     |
| Street Address  |   | Street Address       |                       |              |     |
| City  | State   | Zip                  | City                  | State        | Zip |
| Manager Name  |   | Manager Name         |                       |              |     |
| Street Address  |   | Street Address       |                       |              |     |
| City  | State   | Zip                  | City                  | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

526043

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|---------------------------------|
| FILED                           |
| File Date                       |
| Check No. NOV 14 2011           |
| By: 154                         |
| 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: Paul Neri  
Date: 10/31/11  
Print or Type Name of Authorized Person: Paul Neri