

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119469		2. Exact name of the limited liability company PARENTE'S LANDSCAPING, LLC															
3. State of Formation Rhode Island	4. Brief desc landscap	•	eter of business conducted in Rhode Is	business conducted in Rhode Island													
5. Principal office addres 380 Hudson Pond			City West Greenwich	State RI	Zip 02817												
6. MAILING ADDRESS Contact Name David B. Parente	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER Contact Title Member	SON:													
Street Address 380 Hudson Pond	Road		City West Greenwich														
7, LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PLICABLE - <u>DO</u>	NOT LIST MEMBERS												
Manager Name		· ·	Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
Manager Name	1	l l	Manager Name	Manager Name													
Street Address			Street Address	Street Address													
City	State	Zip	City	State	Zip												
8. RESIDENT AGENT IN	RHODE ISLAND			l													
This information is cur	rently of record in th	e Office of the Sec	retary of State. Changes require filir	ig Form 642.													

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Form No. 632 Revised: 01/2012 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.

Just B Fareste Signature of Authorized Person 10/21/2012 Date

David B. Parente

Print or Type Name of Authorized Person