



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. <u>508183</u>		2. Exact name of the limited liability company <u>Schafer Landscaping and Construction LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>landscaping + maintenance, stonework, patios, driveways, done restoration, 4 perkins, snow plowing</u>	
5. Principal office address <u>6 Pleasant St</u>		City <u>Richmond</u>	State <u>RI</u>
		Zip <u>02832</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <u>Kathleen Schafer 401-419-2850</u>		Contact Title <u>Wife & owner - Secretary</u>	
Street Address <u>6 Pleasant St</u>		City <u>Richmond</u>	State <u>RI</u>
		Zip <u>02832</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (<input checked="" type="checkbox"/> 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			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

MAY 30 2013

BY [Signature]
29-198243

File Date _____
Check No. _____
By _____
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

Michael Schafer
Print or Type Name of Authorized Person

5/23/13