



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 of driveway, 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 Schaefer 401-419-2850</u>		Contact Title <u>Wife of 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 (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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAY 30 2013

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 MAY 30 PM 1:11

BY [Signature]
029-198243

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] 5/23/13
 Signature of Authorized Person Date
Michael Schaefer
 Print or Type Name of Authorized Person

File Date
 Check No.
 By
FOR SECRETARY OF STATE USE ONLY