



**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** 2010

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 and Maintenance, stonework, patios, driveways, home restoration and fencing, snow plowing</u>			
5. Principal office address <u>6 Pleasant Street</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>Michael Schaefer 401-419-2880</u>		Contact Title <u>Secretary</u> <u>Wife of owner Michael Schaefer</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**

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

BY [Signature]  
29-1982#3

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