

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 2013

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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&c)) is subject to a penalty fee of \$25.00.

В	utton Bush LLC							
	4. Brief description of the	character of the business whic	ch is actually conducted in Rhode Island	!				
RHODE ISLAND Own, sell, lease, Hold real estate								
5. Principal office address			City	State		Zip		
227 Wampanoag Trail				RI		02915		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name			Contact Tule					
George J. Geisser, III				Manager				
Street Address				State		Ζίρ		
227 Wampanoag Trail				RI		02915		
ESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE - DO N	OT LIST I	MEMBERS		
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Manager Name				Manager Name				
George J. Geisser				Linda M. Geisser				
Street Address				Street Address				
94 Fairway Drive				94 Fairway Drive				
	State	Ζψ 00702	City	State		<i>Ζψ</i> 02703		
	IVIA	02/03	Attieboro	IVIA		02703		
Manager Name				Manager Name				
Street Address				Street Address				
	State	Zip	Сиу	State		Zip		
l				l				
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11								
Agent Name Robert M. Brady				Address				
Address				1 -				
One Grove Avenue				East Providence 02914				
	rail III IIII IIII IIII IIII IIIIIIIIIIII	Button Bush 4. Brief description of the Own, sell, lease, Ho rail so of Limited Liability of lil rail ess of Each Manager of fill in spaces State In Rhode Island - Do N	Own, sell, lease, Hold real estate Trail S OF LIMITED LIABILITY COMPANY AND NAME III Fail ESS OF EACH MANAGER OF THE LIMITED LIABIT FILL IN SPACES BEFORE USING ATTA State MA State State AND State Zip IN RHODE ISLAND - DO NOT ALTER - Changes	Button Bush LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, Hold real estate City Riverside S OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONNERS Contact Title Manager City Riverside ESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICAB FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR A	Button Bush LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, Hold real estate City Riverside RI S OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Manager City Riverside RI State RI ESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO N FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Linda M. Geisser Street Address 94 Fairway Drive State MA Manager Name Street Address Street Address Street Address City State IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-10 Address City City State City State City State City City State City City State City State City City State City Ci	Button Bush LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, Hold real estate City Riverside RI State RI SOF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Tule Manager City Riverside RI ESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Linda M. Geisser Street Address 94 Fairway Drive State MA Manager Name Street Address State State Zip City State IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address City Zip City City Zip City City Zip City City Zip City City City City City City City City		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	****	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
l	File Date	SEP 1 0 2013 <	contained herein are true and correct.
l	Check No.	180 -	Signature of Authorized Person Day
l	Ву:		George J. Geisser, III
	FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person