



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

| | | | | | |
|---|-------------|---|------------------------------------|--------------|--------------|
| 1. ID No. 136412 | | 2. Exact name of the limited liability company Button Bush LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, Hold real estate | | | |
| 5. Principal office address 227 Wampanoag Trail | | | City Riverside | State RI | Zip 02915 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name George J. Geisser, III | | | Contact Title Manager | | |
| Street Address 227 Wampanoag Trail | | | City Riverside | State RI | Zip 02915 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name George J. Geisser | | | Manager Name Linda M. Geisser | | |
| Street Address 94 Fairway Drive | | | Street Address 94 Fairway Drive | | |
| City Attleboro | State MA | Zip 02703 | City Attleboro | State MA | Zip 02703 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 One Grove Avenue | | | City East Providence | Zip 02914 | |

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


| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |

FILED

SEP 10 2013

180

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.

 8/13/13

George J. Geisser, III
Print or Type Name of Authorized Person