

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 2013

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.		2. Exact name of the limited liability company WALLACE CONSULTING, LLC					
146800			•				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	PROVID	PROVIDE TURF GRASS & HORTICULTURAL PRODUCTS CONSULTING SERVICES					
5. Principal office address 22 LANTERN LANE			City EXETER	State RI	Zip 02822		
,	AITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name VICTORIA WALLACE			Contact Title	Contact Title City State Zip			
Street Address 22 LANTERN LANE				State RI	Zip 02822		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name		1		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO							
This information is currently	of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.	1		

FILED

File Date	FEB 1 1 2014	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.		
Check No BY	15246	Signature of Authorized Person	2/10/14 Date	
By: FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012