

## 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 2014

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. 131356	2. Exact n. GREEN	2. Exact name of the limited liability company GREEN SEASONS TURF MANAGEMENT LLC								
3. State of Formation  Rhode Island	4. Brief de Landsc	Brief description of the character of business conducted in Rhode Island     Landscaping								
5. Principal office address 75 Thomas Lane			City Cranston	State RI	Zip <b>02921</b>					
Guido R. Salvadore,		TY COMPANY AND N	AME OR TITLE OF CONTACT F  Contact Title  Registered Agent	PERSON						
Street Address 10 Weybosset St., Suite 303			City Providence	Zip <b>02903</b>						
LIST ALL MANAGERS ( ("X" BOX FOR ATTACH	NAMES AND ADI MENT) [	DRESSES) OF THE LI	MITED LIABILITY COMPANY, I	APPLICABLE - DO	NOT LIST MEMBERS					
Manager Name <b>James E. Diko</b>			Manager Name							
Street Address 75 Thomas Lane			Street Address							
ity Cranston	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip					
flanager Name			Manager Name							
treet Address			Street Address							
ty	State	Zip	City	State	Zip					
RESIDENT AGENT IN RH	ODE ISLAND									
is information is current	y of record in the	Office of the Secreta	rry of State. Changes require fi	ling Form 642.						

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SECURE CASES SERVICES AND CONTRACT ACRES

Form No. 632 Revised: 01/2012 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 of Authorized Person

Jámes E. Diko, Manager

Print or Type Name of Authorized Person