

## 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. 111724		2. Exact name of the limited liability company SCOTTY'S LANDSCAPING, LLC				
3. State of Formation	i	Brief description of the character of business conducted in Rhode Island     LANDSCAPING				
5. Principal office address 8 MANNING COURT			City COVENTRY	State RI	Zip <b>02816</b>	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:	lating and open and	
Contact Name SCOTT McDERMOTT			Contact Title MEMBER			
Street Address 8 MANNING COURT			City COVENTRY	State RI	Zip <b>02816</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
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 F	HODE ISLAND					
This information is current	ntly of record in the	e Office of the Sec	retary of State. Changes require f	iling Form 642.		

FILED

SEP 2 4 2014

File Date	
Check No	
By:	
FOR SECRETARY OF STATE USE ONLY	

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

**SCOTT McDERMOTT** 

Print or Type Name of Authorized Person