



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. 515035		2. Exact name of the limited liability company MISHNOCK NURSERIES, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REALTY HOLDING COMPANY			
5. Principal office address 2501 NOOSENECK HILL ROAD		City COVENTRY		State RI	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRIAN WARNOCK			Contact Title MANAGER		
Street Address 2501 NOOSENECK HILL ROAD		City COVENTRY		State RI	Zip 02816
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name BRIAN WARNOCK			Manager Name		
Street Address 2501 NOOSENECK HILL ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 05 2014

BY

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

Date

ROBERT E. CRAVEN, ESQ.

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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