



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. 796489		2. Exact name of the limited liability company AMERICAN ATLANTIC LAWN CARE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island LAWN CARE SERVICE			
5. Principal office address 570 BARBER'S POND ROAD			City WEST KINGSTON	State RI	Zip 02892
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEFFREY C. NORTHUP			Contact Title MEMBER		
Street Address 570 BARBER'S POND ROAD			City WEST KINGSTON	State RI	Zip 02892
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 JEFFREY C. NORTHUP			Manager Name		
Street Address 570 BARBER' POND ROAD			Street Address		
City WEST KINGSTON	State RI	Zip 02892	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 19 2014

BY 995

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

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.

Jeffrey C. Northup 11-5-14
 Signature of Authorized Person Date
JEFFREY C. NORTHUP
 Print or Type Name of Authorized Person