



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. 122652		2. Exact name of the limited liability company Nature's Way Nursery, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Nursery - Plants, flowers			
5. Principal office address 2953 Hartford Ave		City Johnston		State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William Rainone		Contact Title President			
Street Address 354 Chopmist Hill Rd		City Chepachet		State RI	Zip 02814
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name William Rainone		Manager Name Anthony Rainone			
Street Address 354 Chopmist Hill Rd		Street Address 28 Houtman Ave			
City Chepachet	State RI	Zip 02814	City Cumberland	State RI	Zip 02864
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 25 2014

BY

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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

William Rainone

Print or Type Name of Authorized Person

Date

11/22/14

File Date _____

Check No _____

By: _____

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