



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 2015

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. <u>127764</u>	2. Exact name of the limited liability company <u>BRANCH PLOWING AND SANDING, LLC</u>		
3. State of Formation <u>RI</u>	4. Brief description of the character of business conducted in Rhode Island <u>PLOWING AND SANDING</u>		
5. Principal office address <u>100 ARMENTO STREET</u>	City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>JAMES N. BACCALA JR.</u>		Contact Title	
Street Address <u>100 ARMENTO STREET</u>		City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (<input type="checkbox"/> "X" BOX FOR ATTACHMENT)			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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

SEP 14 2015

BY 1888

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.

James N. Baccala Jr. 9/9/15
Signature of Authorized Person Date
Print or Type Name of Authorized Person