

## 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. 1022149	022149 Green Science Consulting, LLC															
3. State of Formation	4. Brief des Consulti	cription of the charac	cter of business conducted in Rhod	e Island												
Rhode Island																
5. Principal office address 103 Leo Avenue	I		City <b>Providence</b>													
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:												
Contact Name Peter Pascale			Contact Title Operating Manage	Contact Title Operating Manager												
Street Address 103 Leo Avenue			City Providence	City State RI												
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS											
Manager Name Peter Pascale		<u>.aii.ai.ideann.lioitachnaí khadeirister acco</u>	Manager Name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
Street Address Same as above			Street Address													
City	State	Zip	City	State	Zip											
Manager Name	I		Manager Name													
Street Address			Street Address	Street Address												
City	State	Zip	City	City State												
8. RESIDENT AGENT IN R	HODE ISLAND															
			retary of State. Changes require	CI! F 040												

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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.

Day 1 20 1 20

Signature of Authorized Person Date

Robert Franco, Jr.

Print or Type Name of Authorized Person