

## 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.	2. Exact nar	2. Exact name of the limited liability company					
853547	14H	20 LLC	-				
3. State of Formation		Brief description of the character of business conducted in Rhode Island					
R.I.	Di	Distribution-Plant Trimmers St. 1st. Providence R. I. 02908					
5. Principal office address	St.	15+-	Providence	state R.I	zip 02908		
S. MAS MIG ADDRESS OF LIM	للجينا بين	TY COMPANY AND N	IAME OR TITLE OF CONTACT	PERSON:			
Konald Rego Jr.			Contact Title	Contact Title Owner			
Street Address	on St	- 1st	city Praide	ence Rit	Zip (02,908)		
7. LIST ALL MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADD	PRESSES) OF THE L	MITTED LIABILITY COMPANY,	IF APPLICABLE - <u>DO 1</u>	OT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHOD	E ISLAND			·			
This information is currently of	f record in the	e Office of the Secre	tary of State. Changes require	filing Form 642.			

## FILED

File Date	OCT 1 9 2015	Under penalty of perjury, I declare and affirm this report, including any accompanying sch	
Check No BY	29836323	and that all statements contained herein are	true and correct.
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Passen	

Form No. 632 Revised: 01/2012