

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

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.		ne of the limited liabi		1	114
981389	Gadi	B Constru	ction and Lane	scaping	LLC
3. State of Formation			ter of business conducted in Rh		
RI	C	onstruc	tion and Law	ods capin	L
	nailes	57	City Provide	wel State	Zip 0290 (1
6. MAILING ADDRESS OF LIM	ITED LIABILIT	TY COMPANY AND I	NAME OR TITLE OF CONTACT	PERSON:	
Contact Name Fiduin C	, Var	995	Contact Title	WYCIP_	
Street Address 622 (1	1 narlis Si	<i>[</i>	City PYOV	State RT	zip 02904
7. LIST ALL MANAGERS (NA) ("X" BOX FOR ATTACHMEN	MES AND ADD (T) □ = ====	RESSES) OF THE I	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name	<u> </u>	729
Street Address			Street Address		2015 00
City	State	Zip	City	State	Zip Sp. 7
8. RESIDENT AGENTIN RHOD			werding to early by a con-		
This information is currently o	f record in the	Office of the Secre	etary of State. Changes requir	e filing Form 642.	E En
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Under penalty of periury, 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 Anthorized Person

10 71 (5 Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012