

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2015</u>

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 name	e of the limited liabilit	y company			
410575		FRANSSON	LANDWOIRKS	سر		
3. State of Formation	4. Brief descri	iption of the characte	r of business conducted in Rhode I	sland		
ei	LA	MOSCAPE	CONTRACTOR			
5. Principal office address	<u></u>	- 111-	City	State	028+0	
6, MAILING ADDRESS OF LIM	ITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTACT PER	RSON:	(II) and the second	
Contact Name  PATRICK FRANKSON  Street Address  2 BALLY TELLALE			Contact Title	OWNER		
Street Address 2 BALLY	TELLAC	د	City Mrooren	State	Zip 62842	
7. LIST ALL MANAGERS NAM "("X" BOX FOR ATTACHMEN	MES AND ADDR IT) []	ESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - DO N	IOT LIST MEMBERS	
Manager Name	•		Manager Name			
Street Address			Street Address	<del> </del>		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zio S	
8. RESIDENT AGENT IN RHOD						
This information is currently o	f record in the (	Office of the Secreta	ary of State. Changes require filir	ng Form 642.	<b>3</b> 32 3	
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FILED MAR: <b>0.7</b> 2016					OF STATE	
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		ву <u>2(09</u> Д.А.	717			
		H.H.				
			Under penalty of perjury	, I declare and affir	m that I have examined	

and th

File Date --Check No.2

By: --FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Print or Type Name of Authorized Person

this report, including any accompanying schedules and statements,

contained herein are true and correct.

Form No. 632 Revised: 01/2012