

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 _2011

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.		me of the limited fiability co	mpany		
141539	P Rodge	rs LLC			
3. State of Formation		cription of the character of			
Rhode island	To provid	de Landscape Desig	n services and Horti	cultural consulting	g
5. Principal office address 476 A Thames Street			City Newport	State RI	Zip 02840
		TY COMPANY AND NAME			
Contact Name Pamela Rodgers			Contact Title Sole Manager/Owner		
Street Address PO Box 713			City Newport	State RI	Zip 02840
Y. LIST ALL MANAGERS ("X" BOX FOR ATTACK		ORESSES) OF THE LIMIT	ED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Pamela Rodgers			Manager Name		
Street Address PO Box 713			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
. RESIDENT AGENT IN					
illis iniormation is curre	andy of record in an	e Office of the Secretary	or state. Changes require	straing Form 0-42.	SECRETARY OF STA CORPORATIONS DI 2016 MAR -8 AM 10:
File Date			this report, including	ng any accompanying onts contained herein	Firm that I have examined schedules and statement
FOR SECRETARY OF S	STATE USE ONLY	FILED	Pamela Rodgers Print or Type Name of		

Form No. 632 Revised: 01/2012

MAR 0 8 2016 10:22 By Ad 269526