



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 2009

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. 141539		2. Exact name of the limited liability company P Rodgers LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide Landscape Design services and Horticultural consulting			
5. Principal office address 476 A Thames Street		City Newport		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Pamela Rodgers		Contact Title Sole Manager/Owner			
Street Address PO Box 713		City Newport		State RI	Zip 02840
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAR - 8 AM 10:16

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Pamela Rodgers 02/29/2016
Signature of Authorized Person Date

Pamela Rodgers
Print or Type Name of Authorized Person

FILED

Form No. 632
Revised: 01/2012

MAR 08 2016 10:20

By AL 269526