



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 APR 11 PM 12:25

Limited Liability Company Annual Report for the year: 2014

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|-------|---|----------------|--------------------|-----|
| 1. Entity ID Number | | 2. Exact name of the Limited Liability Company | | | |
| 145695 | | Michael Henebury Landscaping, LLC | | | |
| 3. State of Formation | | 4. Brief description of the character of business conducted in Rhode Island | | | |
| R.I. | | Landscaping | | | |
| 5. Principal Office Address | | City | State | Zip | |
| 1 Nina Court | | cranston | RI | 02921 | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | | Contact Title | | |
| Michael Henebury | | | | | |
| Street Address | | City | State | Zip | |
| 1 Nina court | | cranston | R.I. | 02921 | |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Michael Henebury | | | | | |
| Street Address | | | Street Address | | |
| 1 Nina Court | | | | | |
| City | State | Zip | City | State | Zip |
| cranston | R.I. | 02921 | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642 | | | | | |
| 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. | | | | | |
| Name of Authorized Person | | | | Date | |
| Michael Henebury | | | | 4/11/16 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |
| | | | | | |

FILED
 APR 11 2016
 By 272027