s s	tate of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.
	Division Of Business	Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
imited Liability Com	pany		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000111708</u>	3		
2. Exact Name of the Li	mited Liability Company <u>E. Manc</u>	ini, <u>LLC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	Codes, please select the code that b	est describes your bu	usiness.
Using the following NAICS		est describes your bu	3
NAICS Code		ć	<u>11</u>
NAICS Code 4. Brief Description of th LANDSCAPING	codes, please select the code that b	ć	<u>11</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EDWARD B. MANCINI ONE MANCINI PLACE EXETER , RI 02822

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2016 at 9:46:21 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By EDWARD B MANCINI

Signature of Authorized Person

Form No. 632 Revised 09/07

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