



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

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 R.I. DEPT. OF STATE
 BUSINESS DIV

Annual Report for the year: 2016
Limited Liability Company

2016 SEP 28 PM 12:52

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>00797547</u>		2. Exact name of the Limited Liability Company <u>A Touch of Vermont LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Florist / Retail / Landscape</u>			
5. Principal Office Address <u>1738 Cranston St.</u>		City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Kerrie Ducharme</u>			Contact Title <u>Owner</u>		
Street Address <u>1738 Cranston St.</u>		City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <u>Kerrie Ducharme</u>				Date <u>7/25/16</u>	
Signature of Authorized Person <u>Kerrie Ducharme</u>				SIGN DOCUMENT HERE	

FILED

SEP 28 2016

BY CA 284609

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov