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

Annual Report for the year: _2015_
Limited Liability Company
→ 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 0079754	2. Exact name of the Limited Liability Company A Touch of Vermont LLC		
3. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island Florist / Retail / Landscape		

5. Principal Office Address 1738 Cranston St. City Cranston State RI Zip 02920

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name Kerrie Ducharme   Contact Title Owner

Street Address 1738 Cranston St   City Cranston   State RI   Zip 02920

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 ☐

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 Kerrie Ducharme   Date 7/25/16

Signature of Authorized Person Kerrie Ducharme   SIGN DOCUMENT HERE

FILED ←

SEP 28 2016

BY _____ 284609

12'54

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

FORM 632 - Revised: 05/2016