



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 136412		2. Exact name of the limited liability company Button Bush LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, sell, lease, hold real estate			
5. Principal office address 227 Wampanoag Trail		City Riverside	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name George J. Geisser, III			Contact Title Manager		
Street Address 227 Wampanoag Trail		City Riverside	State RI	Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name George J. Geisser			Manager Name Linda M. Geisser		
Street Address 94 Fairway Drive		Street Address 94 Fairway Drive			
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Robert M. Brady			Address		
Address One Grove Avenue		City East Providence	Zip 02914		

**FILED**

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

SEP 29 2016

BY

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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.

Signature of Authorized Person

9/12/16  
Date

George J. Geisser, III

Print or Type Name of Authorized Person

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY