State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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 149886	2. Exact name of the Limited Liability Company					
	VERBENA					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	OWN, OPE	OWN, OPERATE AND MANAGE REAL ESTATE				
5. State of Formation	7					
RI						
6. Principal Office Address	. <u>                                      </u>		City			
7. Mailing Address of Limited Liability Company and Name or Contact Name  Contact Nam			NEWPORT	State	Zip	
				RI	02840	
Contact Name	ability Compar	ly and Name or Titl				
Contact Name TURNER C. SCOTT			Contact Title			
Street Address 122 TOURO STREET			City NEWPORT	State RI	<sup>Zip</sup> <b>02840</b>	
List ALL managers (names a Manager Name	nd addresses)	of the Limited Liab	ility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Street Address 560 Free haven Or.			Manager Name Street Address			
						Santa Rubara
Manager Name			Manager Name			
Street Address			Street Address			
City	Chada					
	State	Zip	City	State	Zip	
. Resident Agent in Rhode Island. This information is currently of record with the Department of Signature penalty of perjury. I declare and affirm that I have				Check the box to in	dicate an attachment	
Inder penalty of periods I desi	. This informati	ion is currently of reco	ord with the Department of Sta			
Inder penalty of perjury, I declar tatements, and that all stateme	are and affirn ents containe	n that I have exam ed herein are true :	ined this report, including	g any accompanying	schedules and	
lame of Authorized Person			ma correct.			
				Date 10/4/16		
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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 FILED W

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