

Annual Report for the year: 2016 **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.

A Salit (Salit					
1. Entity ID Number	2. Exact name	e of the Limited Li	ability Company		
122652	NATURES WAY NUNSERY LLL				
3. NAICS Code			cter of business conducted in Rho	hasial eha	
81		_	OUTS ETC.	odo isiana	
5. State of Formation	YUKSA	A - yy	on pro.		
R.I.					
6. Principal Office Address			City	State	Zin
2933 HANTERD ALE			J CHASTERS	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RALAICAE			Contact Title OUNEL		
Street Address 354 CACAMIST HILL LA			CHEPACHET	State R.I.	Zip 62814
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
WILLIAM RAINCAF			Manager Name	RACOROR	
Street Address 3.TY HORMIST HILL M			Street Address Ace Toman Ark		
CHEPACHET	State 7	CASIY	CUMSPLANS	State	Zip 02-81-4
Manager Name			Manager Name		
Street Address			Street Address		
City	···				
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with 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	ر.		······································	Date /	7
WILLIAM /ALCAGE				19/2011	16
Signature of Authorized Person	dem		UMENTHERE		
- Junior Ja	-,				······································

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

OCT 24 2016

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