



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

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.

1. Entity ID Number 122652		2. Exact name of the Limited Liability Company NATURE'S WAY NURSERY LLC			
3. NAICS Code 81		4. Brief description of the character of business conducted in Rhode Island NURSERY - PLANTS ETC.			
5. State of Formation R.I.					
6. Principal Office Address 2933 HARTFORD AVE		City SCITUATE	State R.I.	Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM RAICHKE		Contact Title OWNER			
Street Address 354 CHEMIST HILL RD		City CHEPACHET	State R.I.	Zip 02814	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WILLIAM RAICHKE		Manager Name ANDREW RAICHKE			
Street Address 354 CHEMIST HILL RD		Street Address 28 HERTMAN AVE			
City CHEPACHET	State R.I.	Zip 02814	City CUMRIAN	State R.I.	Zip 02864
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 William Raichke				Date 10/20/16	
Signature of Authorized Person <i>William Raichke</i>				SIGN DOCUMENT HERE	

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

OCT 24 2016

By **1945**
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