State of Rhode Island a	ind Providen	ce Plantations		_		
( Department of S			s Division		2 2	
tions.						
	201	R			3	
Annual Report for the year: Limited Liability Company  → Filing period: September 1 - November 1 → Filing Fee: \$50.00					3	
					→ Penalty: Additional \$25.00	fee if form i
1. Entity ID Number	2. Exact na	me of the Limited L	iability Company		<u>~</u>	
150796	EVERGREEN INVESTMENTS, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	OWNERSHIP, MANAGEMENT AND FINANCING OF REAL ESTATE					
5. State of Formation	]					
Rhode Island						
6. Principal Office Address			City	State	Zip	
P.O. BOX 10			FISKEVILLE	RI	02823	
7. Mailing Address of Limited Lia		ny and Name or Titl				
Contact Name NORMAN LEVINE			Contact Title MEMBER			
Street Address SAME			City	State	Zip	
8. List ALL managers (names ar	nd addresses	s) of the Limited Liab	pility Company, IF APPLIC	CABLE - DO NOT LIST	MEMBERS	
Manager Name None			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	
<ol><li>Resident Agent in Rhode Islan</li></ol>	d. This inform	ation is currently of re-	cord with the Department of	State. Changes require filii	ng Form 642.	
Under penalty of perjury, I deci statements, and that all statem			•	ding any accompanyin	ng schedules and	
Name of Authorized Person				Date	1	
NORMAN LEVINE			10 1	4/14		
Signature of Adthorized Person	1	🕽 SIGN DO	CUMENT 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 2 5 2016

BY du 286871