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.

Lien ISN I	0.5		J. Linkille Commons			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
001268861	LANDSCAPE IMAGINATIONS, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
</td <td colspan="5">landscaping</td>	landscaping					
5. State of Formation	- Ger	nera	1 juncu	201001		
Rhode Island	1 5%	ind	Censt	ruction	\mathcal{V}	
6. Principal Office Address			City	State	Zip	
71 Summer Street	'1 Summer Street			RI	02891	
7. Mailing Address of Limited	Liability Compa	ny and Name or	Title of Contact Person			
Contact Name Timothy Laquerre			Contact Title Member	Contact Title Member		
Street Address 71 Summer Street			^{City} Westerly	State RI	^{Zip} 02891	
8. List ALL managers (names	and addresses) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			L	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	ation is currently	of record with the Department of S	tate. Changes require filir	g Form 642.	
Under penalty of perjury, I o statements, and that all stat			examined this report, includi true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person				Date	,	
Timothy Laquerre				UC TOBE	n 31, 2016	
Signature of Authorized Person	on		"MONTH AND AND AND THE STATE OF		r	
and 1		oldiv	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

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FORM 642 - Revised: 08/2016