	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability Co	ompany	
Annual Report Filing Period: Septembe	pr 1 - November 1	
	G.L. 7-16-66(d), each limited liability company failing or refusing vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	o a penalty fee of \$25.00.	
ANNUAL REPORT YE	AR : <u>2016</u>	
1. ID No. <u>000160</u>	599	
2. Exact Name of the	Example Liability Company GreenHarmony LLC	
3. State of Formatior	n	
State: <u>RI</u>		
	ARTICLE III	
Using the following NA	ARTICLE III ICS codes, please select the code that best describes your business.	
Using the following NA	ICS codes, please select the code that best describes your business.	
NAICS Code	ICS codes, please select the code that best describes your business.	
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NAICS Code 4. Brief Description o	ICS codes, please select the code that best describes your business.	sland
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANNE M. JOHNSON 20 JOHN DYER ROAD LITTLE COMPTON, RI 02837

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2016 at 5:40:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ANNE M. JOHNSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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