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	

→ Penalty: Additional \$2	25.00 fee if form	is not filed by E	December 1.	_	, <u>, , , , , , , , , , , , , , , , , , </u>		
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company					
000911014	PRECISI	PRECISION EDGE LANDSCAPING LLC					
3. State of Formation	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
RI	LANDSC	LANDSCAPE MAINTENANCE AND CONSTRUCTION					
5. Principal Office Address			City	State	Zip		
2595 TEN ROD ROAD			EXETER	RI	02822		
6. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person				
Contact Name ZACHARY COONEY		Contact Title MEMBER	Contact Title MEMBER				
Street Address 2595 TEN ROD ROAD			City EXETER	State RI	Zip <b>02822</b>		
7. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	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				
City	State	Zip	City	State	Zip		
		*		Check the box to i	I ndicate an attachment		
8. Resident Agent in Rhode	Island. This inform	nation is currently	of record in the Department of State	e. Changes require filing	Form 642		
Under penalty of perjury, i statements, and that all st	declare and aff atements conta	irm that I have ined herein are	examined this report, includii true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person	<u> </u>			Date			
ZACHARY COONEY				11/28//6			
Signature of Authorized Pers	son	+ la <sub>3</sub>		11/20/14			

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 632 - Revised: 05/2016