STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

Amended

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company
000510155	BRIGHTVIEW ENTERPRISE SOLUTIONS, LLC
3. State of Formation: FL	4. Brief description of the character of business conducted in Rhode Island: LANDSCAPING AND SNOW MANAGEMENT SERVICES PROVIDED THROUGH SUBCONTRACTORS

5. Principal office address	City	State	Zip
401 PLYMOUTH ROAD, SUITE 500	PLYMOUTH MEETING	PA	19462

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title

Street Address	City	State	Zip
401 PLYMOUTH ROAD, SUITE 500	PLYMOUTH MEETING	PA	19462

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
JEFF HEROLD	401 PLYMOUTH ROAD, SUITE 500	PLYMOUTH MEETING	PA	19462
JONATHAN GOTTSEGEN	401 PLYMOUTH ROAD, SUITE 500	PLYMOUTH MEETING	PA	19462
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

RECEIVED
2017 MAR 21 PM 2:39
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BUS. SVCS. DIV.

FILED
MAR 21 2017
BY A.A. 2:39p.m

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person — Date: 03/20/2017

JONATHAN GOTTSEGEN
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012