Annual Report for t	Laa 201	6			
imited Liability Co		<u> </u>			2 R.
→ Filing period: Septer			I SI		
→ Filing Fee: \$50.00	inder 1 - 140veiiii	JC1 1			THE SET OF
→ Penalty: Additional \$	25.00 fee if form i	s not filed by De	cember 1.		1 VC
I. Entity ID Number	2. Exact na	ime of the Limited	Liability Company		3 OV
001094479	RPG's La	RPG's Landscaping, LLC			- NA
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in			59
Rhode Island	Landsca	ping	(541320)	)	
5. Principal Office Address		•	City	State	Zip
89 Heritage Dr			Portsmouth	RI	02871
6. Mailing Address of Limit		ny and Name or			
Contact Name Travis Ham	npton		Contact Title Accountant		
Street Address 1120 Aquidneck Ave			City Middletown	State RI	<sup>Zip</sup> 02842
7. List ALL managers (nar	nes and addresse	s) of the Limited L	iability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address	<del></del>		Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		,l ,		Check the box to	indicate an attachment
3. Resident Agent in Rhod	e Island. This inforr	nation is currently o	frecord in the Department of State.	Changes require filing	Form 642.
Under penalty of perjury, statements, and that all s			xamined this report, including rue and correct.	y any accompanylii	g schedules and
Name of Authorized Perso				Date	<del></del>
Raymond Garcia				08/15/2017	
Signature of Authorized Pe	erson	SIGNE	PCUMENT HERE	- L	
	<b>J</b>	• []			
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov ∂: ∞ SEP 11 2017

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