State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company	3. NAICS Code
001668880	Energy Scape Design, LLC	

4. Brief description of the character of the business which is actually conducted in Rhode Island: Commercial fencing installation and maintenance (238990)

5. State of Formation: Rhode Island

6. Principal office address: 117 Metro Center Blvd., Ste 2007 | City: Warwick | State: RI | Zip: 02886

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

Contact Name: Brian T. McGovern | Contact Title: Manager

Street Address: 117 Metro Center Blvd., Ste 2007 | City: Warwick | State: RI | Zip: 02886

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Brian T. McGovern	117 Metro Center Blvd., Ste 2007	Warwick	RI	02886
Lindsay P. McGovern	117 Metro Center Blvd., Ste 2007	Warwick	RI	02886

9. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.

FILED
SEP 20 2017
BY 1047

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

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.

Lindsay P. McGovern 09-18-17
Signature of Authorized Person *Date*

Lindsay P. McGovern
~~Brian T. McGovern~~, Manager
Print or Type Name of Authorized Person

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

Form 632 Rev. 08/08