



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

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Limited Liability Company Annual Report for the year: 2017

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>1065121</u>		2. Exact name of the Limited Liability Company <u>Rowan Water Gardens, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>landscaping 561730</u>			
5. Principal Office Address <u>48 Lake Dr</u>		City <u>N. Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Mark Rowan</u>		Contact Title			
Street Address <u>48 Lake Dr</u>		City <u>N. Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
7. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person <u>Mark Rowan</u>				Date <u>7-6-17</u>	
Signature of Authorized Person <u>Mark Rowan</u> SIGN DOCUMENT HERE					

FILED

STAMP

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BY AK 315107