RI SOS Filing Number: 201752051360 Date: 10/23/2017 12:33:00 PM

State of Rhode Island and Providence Plantations

Department o	of State - Bus	siness Serv	ices Division			
Annual Report for the year: 2017 Limited Liability Company → Filing period: September 1 - November 1					STAMP	
					A CANAL CANA	
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form	is not filed by D	ecember 1.		6 0	
1. Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company					
000789239	Bourne G	Green, LLC		28		
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RI	Horticult	ure	111422			
5. Principal Office Address	I		City	State	Zip	
66 Girard Ave, Unit 215			Newport	RI	02840	
6. Mailing Address of Limite	d Liability Compa	any and Name or		· · · · · · · · · · · · · · · · · · ·		
Contact Name Jonathan B	ourne		Contact Title Owner			
Street Address PO Box 1302			City Newport	State RI	^{Zip} 02840	
7. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name	. 1		Manager Name			
Street Address			Street Address			
City	State	Zip .	City	State	Zıp	
Manager Name		.	Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
			of record in the Department of Stat			
Under penalty of perjury, a statements, and that all st			examined this report, includi true and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Jonathan Bourne						
Signature of Authorized Per	son	SIGN	OCUMENTHERE	•		

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 (2) 12:33

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