




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

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Annual Report for the year: 2016

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000789239		2. Exact name of the Limited Liability Company Bourne Green, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Horticulture <i>111422</i>			
5. Principal Office Address 66 Girard Ave, Unit 215		City Newport		State RI	Zip 02840
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jonathan Bourne			Contact Title Owner		
Street Address PO Box 1302			City Newport		State RI Zip 02840
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.					
<i>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.</i>					
Name of Authorized Person Jonathan Bourne 				Date 9/5/17	
Signature of Authorized Person SIGN DOCUMENT HERE					

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 *m*

OCT 23 2017

BY *315522*