RI SOS Filing Number: 201752145230 Date: 10/23/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Departme	nt of State - Bu	siness Serv	ices Division			
Annual Report for Limited Liability → Filing period: See → Filing Fee: \$50. → Penalty: Addition	Company eptember 1 - Novem 00	iber 1	ecember 1.		· · · · · · · · · · · · · · · · · · ·	
1. Entity ID Number			ed Liability Company	<u> </u>		
00/666/	69 He	Me HORTICULTURE RAD				
3. NAICS Code 493 9 5. State of Formation			haracter of business condu			
6. Principal Office Add	ress cherl A	ve	CRANST	ON State	Zip 02920	
			r Title of Contact Person			
Contact Name MAI	RK COR	-011	Contact Title PR	Contact Title PRINCIPAL		
Can A A - I	letchen A	lue	CITYCRAN	S 770 State	Zip 02920	
8. List ALL managers	(names and addresse	es) of the Limited	Liability Company, IF APP	LICABLE - DO NOT LIST N	MEMBERS	
Manager Name	· · · · · ·		Manager Name	Manager Name		
Street Address		 -	Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	1			Check the box to it	ndicate an attachment	
9. Resident Agent in F	Rhode Island. This info	mation is currently	of record with the Department	t of State. Changes require filin	ig Form 642.	
Under penalty of per statements, and that				luding any accompanying	g schedules and	
Name of Authorized P		<u> </u>	Bue and correct.	Date		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

Signature of Authorized

FILED

OCT 2 3 2017

FORM 632 - Revised: 08/2017