

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2017

1. **ID No.** 001659004

2. Exact Name of the Limited Liability Company  $\begin{tabular}{l} \underline{ENVIRONMENTAL\ LANDSCAPE} \\ \hline CONSULTANTS, LLC \\ \end{tabular}$ 

3. State of Formation

State: MA

## ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

813312

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ARBORICULTURE CONSULTING; LANDSCAPE DESIGN; MASTER PLANS

5. Principal Office Address

No. and Street: <u>3 PEQUOT AVENUE</u>

City or Town: MASHPEE State: MA Zip: 02649-4431 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: VIRGINIA SCHARFENBERG Contact Title: OFFICER

No. and Street: P.O. BOX 187

City or Town: MASHPEE State: MA Zip: 02649-0187 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title   | Individual Name             | Address   |
|---------|-----------------------------|---|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | VIRGINIA SCHARFENBERG       | 3 PEQUOT AVENUE<br>MASHPEE, MA 02649-4431 USA   |

| MANAGER | MICHAEL TALBOT | 3 PEQUOT AVENUE       |
|---------|----------------|-----------------------|
|         |                | MASHPEE, MA 02649 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS BIENKIEWICZ 77 ARBUTUS TRAIL CHARLESTOWN, RI 02813

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

Signed this 14 Day of November, 2017 at 10:56:14 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By VIRGINIA SCHARFENBERG

Signature of Authorized Person

Form No. 632 Revised 09/07

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