s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000151449</u>	2		
2. Exact Name of the Li	mited Liability Company <u>Martha I</u>	yon Landscape Architect	ure, LLC
3. State of Formation			
State: MA			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found	-	entity. Download
<u>541320</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	n Rhode Island
	<u>ECTURAL PRACTICE PROVID</u> CUMENTATION AND CONSTR		
5. Principal Office Addre	SS		
	<u>3 ELM STREET</u> DRTHAMPTON State: MA	Zip: 01060 Co	ountry: USA
·			·
6. Mailing Address of Li	mited Liability Company and Name	or litle of Contact Pers	on:
	<u>A H. LYON</u> Contact Title: <u>MANAGIN</u> ELM STREET	<u>G PRINCIPAL</u>	
	RTHAMPTON State: MA	Zip: <u>01060</u> Co	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applica	able.
Title	Individual Name	Address	5
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
MANAGER	MARTHA H LYON	313 ELM S NORTHAMPTON, MA	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 31 Day of May, 2018 at 4:37:20 PM 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 <u>MARTHA H. LYON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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