



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110729		2. Exact name of the limited liability company Acoastal Tree & Landscape Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ALL PHASES OF TREE WORK AND LANDSCAPING	
5. Principal office address 41 Keeher Ave		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christopher P. Kenney		Company Title President	
Street Address PO Box 2486 41 Keeher Ave		City Newport	State RI
		Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Christopher P. Kenney		Manager Name	
Street Address PO Box 2486 41 Keeher Ave.		Street Address	
City Newport	State RI	Zip 02840	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CHRISTOPHER P. KENNEY		Address 41 KEEHER AVENUE	
Address P.O. BOX 2486		City NEWPORT	Zip 02840-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<u>11/10/05</u>	*110729*
Check No.	<u>1101</u>	
By:	<u>[Signature]</u>	
FOR SECRETARY OF STATE USE ONLY		

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.

Christopher P. Kenney 11/10/05
Signature of Authorized Person Date
Christopher P. Kenney
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110729		2. Exact name of the limited liability company ACoastal Tree & Landscape Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ALL PHASES OF TREE WORK AND LANDSCAPING			
5. Principal office address 41 Keeher Avenue		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Christopher P. Kenney			Contact Title President		
Street Address P.O. Box 2486 41 Keeher Ave.		City Newport	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Christopher P. Kenney			Manager Name		
Street Address P.O. Box 2486 41 Keeher Ave.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CHRISTOPHER P. KENNEY			Address 41 KEEHER AVENUE		
Address P.O. BOX 2486			City NEWPORT	Zip 02840	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 0 7 2 9 *

File Date	<u>10/20/04</u>
Check No.	<u>1403</u>
By:	<u>W.</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Christopher P. Kenney 10/19/04
Signature of Authorized Person Date
Christopher P. Kenney
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. ELL110729		2. Exact name of the limited liability company ACOSTAL TREE + LANDSCAPING SERVICES LLC					
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island TREE WORK + LANDSCAPING SERVICES					
5. Principal office address 41 Keeher Avenue				City Newport		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Christopher P. Kenney				Contact Title President			
Street Address P.O. Box 2486 41 Keeher Ave.				City Newport		State RI	Zip 02840
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52							
Manager Name Christopher P Kenney				Manager Name			
Street Address P.O. Box 2486 41 Keeher Ave				Street Address			
City Newport		State RI		Zip 02840		City	
Manager Name				Manager Name			
Street Address				Street Address			
City		State		Zip		City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11							
Agent Name Christopher P. Kenney				Address P.O. Box 2486 41 Keeher Ave			
Address				City Newport		State RI	Zip 02840

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

FILED

JAN 21 2004

By 1001250

File Date	<u>1/21/03</u>
Check No.	<u>1250</u>
By:	<u>100</u>
FOR SECRETARY OF STATE USE ONLY	

RECEIVED
JAN 21 2004
10 53 AM '04

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.

Christopher P. Kenney 12/31/03
Signature of Authorized Person Date
Christopher P. Kenney
Print or Type Name of Authorized Person



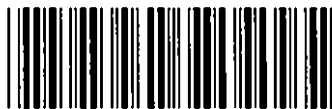
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110729		2. Exact name of the limited liability company Acoastal Tree & Landscape Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ALL PHASES OF TREE WORK AND LANDSCAPING			
5. Principal office address 41 Keeher Ave.		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Christopher P. Kenney			Contact Title President		
Street Address P.O. Box 2486 41 Keeher Ave.		City Newport	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Christopher P. Kenney		Manager Name			
Street Address 41 Keeher Ave		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CHRISTOPHER P. KENNEY			Address		
Address 41 KEEHER AVENUE		City NEWPORT		Zip 02840-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 0 7 2 9 *

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.

File Date 11-13-02
Check No. 1219
By: KMC
FOR SECRETARY OF STATE USE ONLY

Christopher P Kenney 10/16/02
Signature of Authorized Person Date
Christopher P. Kenney
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 110729

Annual Report for the year 2001

1. The name of the limited liability company is:

ACoastal Tree & Landscape Services, LLC

2. The address of the principal office of the limited liability company is:

41 Keeher Ave., Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID F. FOX, ESQ.

850 AQUIDNECK AVENUE, UNIT B-11 MIDDLETOWN RI 02842-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Christopher Kenney, Manager

41 Keeher Ave., Newport, RI 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: all phases of tree work and landscaping

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name
CHRISTOPHER KENNEY

Address
41 Keeher Ave., Newport, RI 02840

Dated 11-5-01

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.



ACoastal Tree & Landscape Services, LLC
Exact Name of Limited Liability Company

By Christopher P. Kenney
Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11-6-01
Check No.: 29441
By: A.