

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

Filing Period: Septer	nber 1 · November 1	• Filing Fce: \$50.00	L REPORT FO	KINE LEAK			
(FORM MUST BE TYPED 1. ID No.	OR PRINTED IN BIACE) 2. Exact name of the limited	t habitin company			<u> </u>		
124639	1	Van Gorden Services LLC					
3. State of Formation 4. Brief description of the character of the business who			which is actually conducted to	n Rbode Island			
RHODE ISLAND	LANDSCAPE	CONSTRUCTION					
379 Farnum Pike			Sn: Hheld	State RI	- ²¹⁹ 02917		
		LITY COMPANY AND NA	•	TACT PERSON:	•		
Contact Game	n Gorden		Mende	Contact Title Mendel			
Street Address	sale		City	State	Zip		
7. NAME AND ADD	RESS OF EACH MANAGE FILL IN SPACE MODIFICATIONS TO	GER OF THE LIMITED LLACES BEFORE USING AT MANAGERS REQUIRES	TACHMENTS ("X" BC	OX FOR ATTACHMENT)			
	_عسناق	10701.401.0010	<u> </u>				
Street Address	Farnu Pike	Bion Va Gorde	Street Address				
SwithFredd	State R.I.	^{Zip} 02917	City	State	Zip		
Manager Name			Manager Name				
Street Address			Sirvet Address				
City	State	ZIp	City	State	Ζφ		
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND	DO NOT ALTER - Chang	ges require filing of F Address	orm 642 - R.I.G.L. 7-1	6-11		
BRIAN VAN GORDEN	•						
Address			City	1 '			
379 FARNUM PIKE			SMITHFIELD		02917-		

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

File Date	12/1/05 ·124639· 2397	
Check No.	<u> </u>	
By:	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 statement
contained herein are true and correct.
19/29/05
Signature of Authorized Person Ifate
Brian Was Gorden
Print or Type Name of Authorized Person
including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signature of Authorized Person Was Gorden



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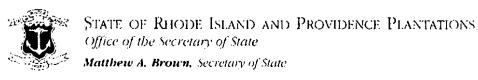
Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________ Filing Period: September 1 · November 1 · Filing Fee: \$50.00

(FORM MUST BE TYPE	D OR PRINTED IN BLACK)			_		
1. ID No. 124639	B.P. Van Gorden Servi					
3. State of Formation RHODE ISLAND		of the character of the business CONSTRUCTION	which is actually conducted in Rho	de Island		
5. Principal office address 379 Farnum Pilce			Snithfield	State R.I.	02917	
	ESS OF LIMITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	·	
Contact Name	Van Gooden		Contact Title			
Street Address	7201	·	City Member	State	Zip	
Street Address Some			Same	Sane	Some	
7. NAME AND ADI			ABILITY COMPANY, IF APP		·	
A!			TACHMENTS ("X" BOX FO FILING OF AMENDMENT, R		7-16-52	
Manager Name		-	Manager Name			
Brian Van	Gorden					
Street Address	•	-	Street Address		-	
City Sc	<u>:</u>			 .		
So-e	Same	Sane	City	State	Zip	
Manager Name			Manager Name			
Street Address		······································	Street Address			
City	State	Zip	City	State	2tp	
Agent Name BRIAN VAN GORDEN		DO NOT ALTER - Chang	ges require filing of Form Address	642 - R.I.G.L. 7-16-11	!	
371 FARNUM PIKE			SMITHFIELD Zip 02917-		7.	
Charge c	This report mu	st be signed in ink by a	ı authorized person pursuant	10 R.I.G.L. 7-16-66.		
	* 1 2 4 6 3	9 *				
File Date	2050	_	including any accommod herein are	npanying schedules and state true and correct.	nat I have examined this reportements, and that all statement	
Ву:		_	Signature of Authorized Person Date			

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

2003

FORM MUST BE TYP						
1 ID No	2 Exact name of the limite.	d habiity company				
124639	B.P. Van Gorder	B.P. Van Gorden Services LLC				
3 State of Formation	4 Brief description	ar of the character of the bu	isiness which is actually conducted in Rhod	e Isiand		
RHODEISLAND Landscape Constru			uction			
379 Farnu	0.5	•	Smithfield	State NI	03917	
6. MAILING ADD	PRESS OF LIMITED LIABI	LITY COMPANY ANI	D NAME OR TITLE OF CONTACT	PERSON:		
Brian Van (2) rden			Contact Tule Owner			
street Address	٠٠.		Same -	State	2ip 50-2-	
7. NAME AND AI	DDRESS OF EACH MANA	GER OF THE LIMITE	ED LIABILITY COMPANY, IF APPI	LICABLE	•	
	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX FO	R ATTACHMENT) 📋		
	ANT MODIFICATIONS IC) MANAGERS REQUI	IRES FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (2)) / 7-16-52	
	C) MANAGERS REQUI	IRES FILING OF AMENDMENT, R Manager Name	.I.G.L. 7-16-12 (a) (2)) / 7-16-52	
Manager Name	Some Some) MANAGERS REQUI	•	.I.G.L. 7-16-12 (a) (2)) / 7-16-52	
Manager Name Street Address	C	Zip	Manager Name	State	Zqr	
Manager Name Street Address City	Some		Manager Name Street Address			
Manager Name Street Address City Manager Name Street Address	Some		Manager Name Street Address Gity			
Manager Name Street Address City Manager Name Street Address	Some		Manager Name Street Address Gity Manager Name			
Manager Name Street Address Guy Manager Name Street Address Gny	Some Some State	Zip Zip	Manager Name Street Address City Manager Name Street Address	State State	Zφ 	
Manager Name Street Address Gite Manager Name Street Address Gity 8. RESIDENT 'AG	Some Some State	Zip Zip	Manager Name Street Address Gity Manager Name Street Address Guy	State State	Zφ 	
Manager Name Street Address City Manager Name Street Address City	Some Some State State State	Zip Zip	Manager Name Street Address Gity Manager Name Street Address Gity Changes require filing of Form	State State	Zφ 	

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

	* 1 2 4 6 3	9 *
File Date	10-603	
Check No.	1681	
Bv	<u></u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and a including any accompanying schedules a	
contained herein are true and correct.	10/2/13
Signature of Authorized Person	Ditte

Print or Type Name of Authorized Person