

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| BY_ | NOV 1 2 2019 |
|-----|--------------|
|     |              |

| 1. Entity ID Number                               | 2 Evactor                                | ame of the Limit  | ed Liability Company                          |                                   |  |  |  |
|---|--|---|---|-----------------------------------|--|--|--|
| 075893  | 人 12 1                                   | 2. Exact name of the Limited Liability Company  Botanical Creations, LLC    |   |                                   |  |  |  |
| 3. NAICS Code                                     |  | 4. Brief description of the character of business conducted in Rhode Island |   |                                   |  |  |  |
| 444 220   |  | Landscape Design & Construction   |   |                                   |  |  |  |
| 5. State of Formation $\mathcal{R}\mathcal{T}$    |  |   | sale Plant                                    | •                                 |  |  |  |
| 6. Principal Office Address                       | S  | 1   | City  | State                             | Zip  |  |  |
| 895 Libert  | y lon                                    |   | West Ki                                       | haston RI                         | 02892  |  |  |
| 7. Mailing Address of Limi                        | ted Liability Compa                      | any and Name o  |   | J                                 |  |  |  |
| Contact Name GCoff                                | Pearce                                   | <b>&gt;</b>   | Contact Title                                 | Owner                             |  |  |  |
| Street Address 895 L                              | liberty                                  | Los   | City Kingsh                                   | State FT                          | Zip 02892  |  |  |
| •   | mes and addresse                         | s) of the Limited   |   | PLICABLE - DO NOT LIST            | 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  |  |  |
|   | <br>                                     |   |   | Check the box to                  | indicate an atta                                 |  |  |
| 9. Resident Agent in Rhod                         | le Island. This infon                    | nation is currently   | of record with the Departmen                  | it of State. Changes require fili | ing Form 642.                                    |  |  |
| Under penalty of perjury statements, and that all | r, I declare and aft<br>statements conta | firm that I have<br>ined herein are   | examined this report, in<br>true and correct. | cluding any accompanyli           | ng schedules a                                   |  |  |
| Name of Authorized Person                         |  |   |   | Date                              |  |  |  |
|   | 1/-/-                                    | 11-1-19   |   |                                   |  |  |  |
| Signature of Authorized P                         | erson A                                  | 1 ) ea  |   | , · · · ·                         | <del>/ /                                  </del> |  |  |
|   |  |   | -   |                                   |  |  |  |
|   |  |   | -   |                                   |  |  |  |