



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED STAMP
DEC 09 2019
BY 1970 PS

1. Entity ID Number <u>122652</u>		2. Exact name of the Limited Liability Company <u>NATGAE' WAY NURSEY LLC</u>	
3. NAICS Code <u>2.1421</u>		4. Brief description of the character of business conducted in Rhode Island <u>NURSEY - PLANTS ETC.</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>2953 HARTFORD AVE</u>		City <u>SOHASTON</u>	State <u>R.I.</u>
		Zip <u>02919</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>WILLIAM RAINONE</u>		Contact Title <u>OWNER</u>	
Street Address <u>354 CHEPMIST HILL RD</u>		City <u>CHEPACHET</u>	State <u>R.I.</u>
		Zip <u>02814</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Same as above</u>		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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.			
Name of Authorized Person <u>WILLIAM RAINONE</u>		Date <u>11/1/19</u>	
Signature of Authorized Person <u>William Rainone</u>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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