



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. 129647		2. Exact name of the limited liability company ESTATE FINISHES AND NELUMBO WATER GARDENS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR-PAINTING-LANDSCAPING	
5. Principal office address 44 COLLATION CIRCLE		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BARNABAS WEBSTER		Contact Title Member	
Street Address 44 COLLATION CIRCLE		City NORTH KINGSTOWN	State RI
		Zip 02852-	
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 None		• Manager Name	
Street Address		• Street Address	
City	State	Zip	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 DAVID F. REILLY, ESQ.		Address 22 WEST MAIN STREET	
Address		City WICKFORD	Zip 02852-

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



1 2 9 6 4 7

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.

Barnabas Webster 9/16/05
Signature of Authorized Person Date

Barnabas Webster
Print or Type Name of Authorized Person

129647 DLLC 09/15/05 09:33:41 AM

File Date 9/19/05

Check No. 2785

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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City	State	Zip	*City	*State	*Zip
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129647 DLLC 09/27/04 02:44:33 PM

File Date 10/8/04

Check No. 2537

By: W.

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.

Barnabas Webster 10/7/04
Signature of Authorized Person Date

Barnabas Webster
Print or Type Name of Authorized Person