

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

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of State

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2005

1.19 No. 117484 Little Rest Landscaping, LL. 117484 Little Rest Landscaping, LL. 117484 Lawn Mowing, tree & Shrub trimming, Clean-ups & Brush cutting. State of formation RHODE ISLAND 1. Period precipition of the character of the business which is actually conducted in Rhode Island LAWN MOWING, TREE & SHRUB TRIMMING, CLEAN-Ups & Brush CUTTING. State 1. City 1.	FORM MUST BE TYT	PED OR PRIN	TED IN BLACK)	• • • • • • • • • • • • • • • • • • •				
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101 STEWART WAY WAKEFIELD 02879-	Address				City		Zip	,
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 1//30	117484	_
Check No	16	-
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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. Signature of Alghoptzed Person Date

Print or Type Name of Authorized Person



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

2004

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		Manager Nume	.G.L. 7-16-12 (a) (2	2) / 7-16-52
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This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.



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	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I frave examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Asthorized Person Date

Print or Type Name of Authorized Person



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 92903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

(FORM MUST BE TYPED OR PRINTED IN BLACK)			
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PHILIP SCHUCK	Contact Title		<u>-</u>
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIAI FILL IN SPACES BEFORE USING ATTA ANY MODIFICATIONS TO MANAGERS REQUIRES FOR MANAGERS REQUIRES FOR MANAGERS AND SCHOOL SCHOOL	ACHMENTS ("X" BOX FOR AT	TACHMENT) [16-52
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Manager Name	Manager Name	. l	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name PHILIP SCHUCK	s require filing of Form 642 - Address	R.I.G.L, 7-16-11	1
Address 71 HELME ROAD	Cuy KINGSTON	Ζη ₂ 02881-	

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

* 1 1 7 4 8 4 *
File Date
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.

Signature of Authorized Person Date

PHILIP J. SCHUCK

rint or Type Name of Authorized Person

Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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	R I	LAUN	CARE & LI	ANDSCAPING City KINGSTON		
5. Principal office			····	City	State	Zip
	•	LME RD.		KINGSTON	RI	02881
6. MAILING	ADDRESS	OF LIMITED LIA	BILITY COMPANY A	ND NAME OR TITLE OF	CONTACT PERSO	ON:
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Street Address	Tire	SCHOCK			- owner	٧.
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7 NAME AND	/ //	TICHE JUD				
7. NAME ANI	D VOUKE22	OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPA	NY, IF APPLICAB	LE
	ANY N		S BEFORE USING ATTA	CHMENTS ("X" BOX FOR ILING OF AMENDMENT. R.I.G	ATTACHMENT)	••
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	PHIL	SCHUCK		•Manager Name •		
Street Address		Denisor		Street Address		<u> </u>
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8. RESIDENT	AGENT IN R	HODE ISLAND - DO	NOT ALTER- Change	s require filing of Form	n 642 - R.I.G.L. 7-16-1	<u> </u>
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

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6. MAILING ADDI	RESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITL	E OF CONTACT PERSO)N:
			.Contact Title		·
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8. RESIDENT AGEN Agent Name PHILIP SCHUCK		'	hanges require filing of Address	1	1
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