



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. <b>117484</b>		2. Exact name of the limited liability company <b>Little Rest Landscaping, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>LAWN MOWING, TREE &amp; SHRUB TRIMMING, CLEAN-UPS &amp; BRUSH CUTTING.</b>	
5. Principal office address <b>101 STEWART WAY</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>PHILIP SCHUCK</b>		Contact Title <b>MEMBER</b>	
Street Address <b>101 STEWART WAY</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
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 <del>PHILIP SCHUCK</del>		Manager Name <b>PHILIP SCHUCK</b>	
Street Address <del>101 STEWART WAY</del>		Street Address <b>101 STEWART WAY</b>	
City <del>WAKEFIELD</del>	State <del>RI</del>	City <b>WAKEFIELD</b>	State <b>RI</b>
Zip <del>02879</del>		Zip <b>02879</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>PHILIP SCHUCK</b>		Address	
Address <b>101 STEWART WAY</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>

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



File Date **11/28/05** \*117484\*

Check No. **646**

By: **[Signature]**

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.

**Philip J. Schuck** 10-14-05  
Signature of Authorized Person Date

**PHILIP J. SCHUCK**  
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 117484		2. Exact name of the limited liability company Little Rest Landscaping, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAWN MOWING, TREE & SHRUB TRIMMING, CLEAN-UPS & BRUSH CUTTING.			
5. Principal office address 101 STEWANT WAY		City WAKEFIELD	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PHIL SCHUCK		Contact Title			
Street Address PO BOX 5136		City WAKEFIELD	State RI	Zip 02880	
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 PHIL SCHUCK		Manager Name			
Street Address 101 STEWANT WAY		Street Address			
City WAKEFIELD	State RI	Zip 02879	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 PHILIP SCHUCK		Address			
Address 71 HELME ROAD		City KINGSTON		Zip 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 \*

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.

File Date	12/10/04
Check No.	432
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person Philip J. H. Date 10-28-04  
Print or Type Name of Authorized Person PHILIP SCHUCK



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 117484		2. Exact name of the limited liability company Little Rest Landscaping, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAWN MOWING, TREE & SHRUB TRIMMING, CLEAN-UPS & BRUSH CUTTING.	
5. Principal office address 71 HELME RD		City KINGSTON	State RI
			Zip 02881
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PHILIP SCHUCK		Contact Title owner	
Street Address 71 HELME RD		City KINGSTON	State RI
			Zip 02881
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 PHILIP J. SCHUCK		Manager Name	
Street Address 71 HELME RD		Street Address	
City KINGSTON	State RI	City	State
Zip 02881		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PHILIP SCHUCK		Address	
Address 71 HELME ROAD		City KINGSTON	Zip 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 \*

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 Philip J. Schuck Date 10-1-03

Print or Type Name of Authorized Person PHILIP J. SCHUCK



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <u>117484</u>		2. Exact name of the limited liability company <u>LITTLE REST LANDSCAPING, L.L.C.</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>LAWN CARE &amp; LANDSCAPING</u>			
5. Principal office address <u>71 HELME RD.</u>		City <u>KINGSTON</u>	State <u>RI</u>	Zip <u>02881</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>PHIL SCHUCK</u>		Contact Title <u>OWNER</u>			
Street Address <u>71 HELME RD</u>		City <u>KINGSTON</u>	State <u>RI</u>	Zip <u>02881</u>	
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 <u>PHIL SCHUCK</u>		Manager Name			
Street Address <u>71 HELME RD</u>		Street Address			
City <u>KINGSTON</u>	State <u>RI</u>	Zip <u>02881</u>	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		Address			
Address		City		Zip	
Eg					

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

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.

File Date 7-17-03

Check No. 253

By: 2

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Signature of Authorized Person

Date

Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117484		2. Exact name of the limited liability company Little Rest Landscaping, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAWN MOWING, TREE & SHRUB TRIMMING, CLEANUPS & BRUSH CUTTING.	
5. Principal office address 71 HELME RD.		City KINGSTON	State RI
		Zip 02881	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PHILIP SCHUCK		Contact Title OWNER	
Street Address 71 HELME RD		City KINGSTON	State RI
		Zip 02881	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name PHILIP J. SCHUCK		Manager Name	
Street Address 71 HELME RD		Street Address	
City KINGSTON	State RI	City	State
Zip 02881		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PHILIP SCHUCK		Address	
Address 71 HELME ROAD		City KINGSTON	Zip 02881

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



\* 1 1 7 4 8 4 \*

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: Philip J. Schuck Date: 9-23-02  
Print or Type Name of Authorized Person: PHILIP J. SCHUCK

File Date	11-5-02
Check No.	789
By	<u>PS</u>
FOR SECRETARY OF STATE USE ONLY	