



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. <u>141099</u>		2. Exact name of the limited liability company <u>VISION LANDSCAPING LLC</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>LANDSCAPING + CONSTRUCTION</u>	
5. Principal office address <u>80 MAPLE ST.</u>		City <u>COVENTRY</u>	State <u>RI</u>
		Zip <u>02816</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>BENJAMIN M. BROUILLARD</u>		Contact Title <u>OWNER</u>	
Street Address <u>80 MAPLE ST</u>		City <u>COVENTRY</u>	State <u>RI</u>
		Zip <u>02816</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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>BENJAMIN M. BROUILLARD</u>		Manager Name	
Street Address <u>80 Maple St.</u>		Street Address	
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</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 <u>BENJAMIN M BROUILLARD</u>		Address	
Address <u>80 MAPLE ST.</u>		City <u>COVENTRY RI</u>	Zip <u>02816</u>

**FILED**

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**JUN 26 2006**

By KMC  
C 102210

File Date	_____
Check No.	<u>1311</u>
By:	_____
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.

Benjamin M Brouillard 6/26/06  
Signature of Authorized Person Date  
BENJAMIN M. BROUILLARD  
Print or Type Name of Authorized Person