

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	2. Exact name of the limited liability company AG Property Management, LLC						
798766		7.2						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Landsca	Landscaping						
5. Principal office address 70 Valley Brook Drive			City	State	Zip			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			Warwick	RI	01818			
Contact Name	THE LIMITED TO BIT	Y COMPANY AND N		ERSONS PROPERTY				
Stephen J. DiGianfilippo, Esq.			Contact Title Attorney					
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER			
Manager Name Nancy A. Greim			Manager Name					
Street Address			Street Address					
70 Valley Brook Dri	ive		Street Address					
Dity	State	Zip 02818	Street Address City	State	Zip			
Dity Warwick	State	Zip 02818		State	Zip			
City Warwick Manager Name	State	Zip 02818	City	State	Zip			
City Warwick Manager Name treet Address	State RI	02818	City Manager Name Street Address	State	Zip			
City Warwick Manager Name treet Address	State	Zip 02818 Zip	City Manager Name	State	Zip			
70 Valley Brook Dri	State RI	02818	City Manager Name Street Address					

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Form No. 632 Revised: 01/2012 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

Nancy A. Greim

Print or Type Name of Authorized Person