



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 706333		2. Exact name of the Corporation Plants In Harmony, Inc.		
3. Principal office address 499 Cooper Road		City Glocester Glocester	State RI	Zip 02814
4. Business Phone No. 401-349-0433		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Landscaping, architect, property maintenance, including landscaping.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Gary A. Smith		Vice-President Name Gary A. Smith		
Street Address 499 Cooper Road		Street Address 499 Cooper Road		
City Glocester Glocester	State RI	Zip 02814	City Glocester Glocester	State RI
Secretary Name Gary A. Smith		Treasurer Name Gary A. Smith		
Street Address 499 Cooper Road		Street Address 499 Cooper Road		
City Glocester Glocester	State RI	Zip 02814	City Glocester Glocester	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	common	none

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 08 2013

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.

Gary A. Smith *pres* *2/25/13*
 Signature of Authorized Representative Date
GARY A. SMITH PRES.
 Print or Type Name of Authorized Representative