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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
111391	B.M. Landscaping Co. Inc.			
3. Street Address Principal Business Office		City	State	Zip
17 Anthony Road		Foster	RI.	02825
4. Business Phone No.	5. State of Incorporation			Sic Code
647-3896	Rhode Island			2212

6. Brief Description of the Character of Business Conducted in Rhode Island
To Engage in all Aspects of Landscaping, including cutting lawns, trimming Bushes, planting grass applying chemicals, and landscape construction.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
BRIAN Muldowney	BRIAN Muldowney
Street Address: 17 Anthony Road	Street Address: 17 Anthony Road
City: Foster State: RI Zip: 02825	City: Foster State: RI Zip: 02825
Secretary Name	**Treasurer Name**
BRIAN Muldowney	BRIAN Muldowney
Street Address: 17 Anthony Road	Street Address: 17 Anthony Road
City: Foster State: RI Zip: 02825	City: Foster State: RI Zip: 02825

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	None
Street Address	Street Address
City State Zip	City State Zip
Director Name	**Director Name**
None	None.
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	No par Value	Common

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
4000	Common	No Par Value

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.

[redacted]

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.

[redacted]

Signature — Date: 1/2/2008

BRIAN D. Muldowney
Print or Type Name

President.
Title

File Date	FILED
Check No.	JAN 03 2008
By:	By 4557

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

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