



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 2009

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. <u>1049</u>		2. Name of Corporation <u>Andy's Landscape Construction, Inc.</u>			
3. Street Address Principal Business Office <u>60 Knight Street</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	
4. Business Phone No. <u>(401) 739-3738</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Anthony Carcieri</u>		Vice President Name <u>Anthony Carcieri</u>			
Street Address <u>7 Meghan Lane</u>		Street Address <u>7 Meghan Lane</u>			
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>500 Common No Par Value</u>		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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares	Class/Series	Par Value	
		<u>100</u>	<u>Common</u>	<u>No Par</u>	

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 <b>FILED</b>
Check No. <u>JAN 14 2009</u>
By: <u>8211</u>
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.

Anthony Carcieri 1-9-09  
Signature Date  
Anthony Carcieri  
Print or Type Name  
President  
Title