



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

A. Ralph Mollis, Secretary of
Corporations D
148 W. River
Providence, RI 02904
401.222

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(c), 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)(2)) subject to a penalty fee of \$25.00.

1. Corporate ID No. 17957		2. Name of Corporation LANDSCAPING, INC.			
3. Street Address Principal Business Office P.O. Box 113840			City North Providence	State RI	Zip 02911
4. Business Phone No. 401-231-8082		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General Landscaping					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Fred Colagiovanni			Vice President Name Elizabeth Colagiovanni		
Street Address P.O. Box 113840			Street Address P.O. Box 113840		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Robert V. Colagiovanni			Treasurer Name Fred Colagiovanni		
Street Address 3010 Post Road			Street Address P.O. Box 113840		
City Warwick	State RI	Zip 02886	City North Providence	State RI	Zip 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Fred Colagiovanni			Director Name Elizabeth Colagiovanni		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Dorothy E. Colagiovanni			Director Name		
Street Address 104 Savoy Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 200	Class/Series Common	Par Value 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 2-24-09
Check No. 0972
By: mnc
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Fred Colagiovanni Date 1/5/09
Print or Type Name
President