



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. Corporation ID No. <u>83182</u>		2. Name of Corporation <u>SHAMROCK LANDSCAPING, Inc.</u>			
3. Street Address, Principal Business Office <u>17 Sorrell Rd.</u>		City <u>North Providence</u>		State <u>R.I.</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-949-4554</u>		5. State of Incorporation <u>RHODE Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Landscaping</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>BRIAN PATE</u>			Vice President Name <u>NONE</u>		
Street Address <u>803 Farnum Pike</u>			Street Address		
City <u>North Smithfield</u>	State <u>R.I.</u>	Zip <u>02896</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	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 <u>NONE</u>	Class/Series	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.

File Date **FILED**
Check No. **MAR 02 2009**
By: 10419
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.

Signature

Brian Pate
Print or Type Name

President
Title

Date

2/23/09