

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 129064	2. Name of Corp.	ne of Corporation NDSCAPE CREATIONS OF RHODE ISLAND				
3. Street Address Principal Business Office 1790 Ministerial Road			^{City} Wakefield	State RI	^{Zip} 02879	
4. Business Phone No. 5. State of Incorpor 789-7101 RHODE ISL						
	BUSINESS OF A LAI	NDSCAPING CONTRA	CTOR, INCLUDING MASONRY W			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR . President Name Jonathan Zey			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael Coelho			
Street Address 1790 Ministerial Road			Street Address 64 Canterbury Drive			
City Wakefield	State RI	^{Zip} 02879	cny Sudbury	State MA	^{Zip} 01776	
Secretary Name Michael Coelho			Treasurer Name Jonathan Zeyl			
Street Address 64 Canterbury Drive			Street Address 1790 Ministerial Road			
City Sudbury	State MA	^{Zip} 01776	City Wakefield	State RI	02879	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Jonathan Zeyl Street Address			ATTACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Director Name Michael Couto Street Address			
1790 Ministerial Road			64 Canterbury Drive City State Zip			
City Wakefield Director Name	State RI	02879	Sudbury Director Name	MA	01776	
Street Address			Street Address			
City	State	Zip	Сіту	State	Zip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTA	GHMENT) 🗆	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 \$1.00 PAR VALUE			1,000 \$1.00 PAR VALU	E	·	
This report must be ex	ecuted on behalf of the	e corporation by an auti	norized representative. If the corpor	ration is in the har	nds of a receiver or trustee,	
this report must be exe	cuted on behalf of the	e corporation by the rece	erver or trustee.		_	
				ying schedules and	m that I have examined this repostatements, and that all stateme	
File Date FILED Check No.			Signature Jonathan Zavi	5	Date Date	
MAR 0 2 2009 By FOR SECRETARY OF STATE USE ONLY			'Jonathan Zéyl			
			President			