



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. 91831		2. Name of Corporation FOUR SEASONS LANDSCAPING, INC.			
3. Street Address Principal Business Office 15 Benelli Street			City Woonsocket	State Rhode Island	Zip 02895
4. Business Phone No. (401) 762-3434		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Full service restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher J. Lahousse			Vice President Name Pamela A. Lahousse		
Street Address 15 Benelli Street			Street Address 15 Benelli Street		
City Woonsocket	State Rhode Island	Zip 02895	City Woonsocket	State Rhode Island	Zip 02895
Secretary Name Pamela A. Lahousse			Treasurer Name Christopher J. Lahousse		
Street Address 15 Benelli Street			Street Address 15 Benelli Street		
City Woonsocket	State Rhode Island	Zip 02895	City Woonsocket	State Rhode Island	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher J. Lahousse			Director Name Pamela A. Lahousse		
Street Address 15 Benelli Street			Street Address 15 Benelli Street		
City Woonsocket	State Rhode Island	Zip 02895	City Woonsocket	State Rhode Island	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 *200*	Class/Series Common	Par Value Without 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.

FILED

File Date **APR 20 2009**

Check No. **By 13863 85566**

By: _____

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 *[Signature]* Date **3 28 09**

Christopher J. Lahousse
Print or Type Name
President
Title