

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

Filling Period: January 1 - March 1 • Filling 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 1D No. <b>63616</b>	2. Name of Corporation EJL Lawnscape, Inc.				
3. Street Address Principal Business Office 9 Clark Road			City Smithfield	State RI	<sup>Zip</sup> 02917
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of To provide, design, construc	of Business Conducted in Riction, maintenance a	hode Island nd landscaping service	es	- <del>11 11 W18 L</del>	, 400 <u>0</u> 00 0
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN S	PACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
Edward Lanni			Elizabeth J. Lanni		
Street Address 9 Clark Road			Street Address 9 Clark Road		
City Smithfield	State RI	<i><sup>Zip</sup></i> 02917	City Smithfield	State RI	<sup>Ζφ</sup> 02917
Secretary Name Elizabeth J. Lanni			Treasurer Name Edward Lanni		
Street Address 9 Clark Road			Street Address 9 Clark Road		
City Smithfield	State RI	<sup>Ζip</sup> 02917	City Smithfield	State RI	<sup>Zip</sup> 02917
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	FACHMENT) [] FILL IN	SPACES BEFORE USI	ING ATTACHMENTS
Director Name None			Director Name		
itreet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	J	Director Name		
Street Address			Street Address		
City:	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	l	1	10. SHARES ISSUED		
			ISSUED SHARES — THIS SEC		·
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.			Number of Shares	Class/Series	Par Value
			100	STK	0
This report must be executed this report must be executed or	on behalf of the corp	oration by an authorize	ed representative. If the co	orporation is in the har	ids of a receiver or trustee,
ms report mast be executed (	m behan of the corpe	ration by the receiver	or trustee.	h	
			_		
			Under penalty of pe	rjury, I declare and affirm	n that I have examined this rep statements, and that all statem
			contained herein are	true and correct	statements, and that all statem
File Date FILED	.: :				- Tiles
			Signature		Nate POI
Check No. MAY 1 5 200	<del>19</del>		Edward Lann		there and a an
A.	7		Print or Type Name		
By Odos			President		
FOR SECRETARY OF STA	TE USE ONLY		Title		
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