



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 2010

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. 42312		2. Name of Corporation L & L Landscaping Service, Inc.			
3. Street Address Principal Business Office 204A Market Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401-245-6868		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Landscaping					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Laura M. Ferreira			Vice President Name William C. Gomes		
Street Address 204A Market Street			Street Address 22 Colonial Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Laura Ferreira			Treasurer Name Laura Ferreira		
Street Address 204 A Market Street			Street Address 204 A Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Laura M. Ferreira			Director Name William C. Gomes		
Street Address 204 A Market Street			Street Address 22 Colonial Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	No Par Value		1,000	Common	No Par

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 **FEB 02 2010**

Check No. **2956**

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.

Laura M. Ferreira 1/28/10
Signature Date

Laura M. Ferreira

Print or Type Name

President

Title