



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. 000506162		2. Name of Corporation ZARS LANDSCAPING INC.					
3. Street Address Principal Business Office 105 SMITHFIELD ROAD		City NO. PROV.	State RI	Zip 02904			
4. Business Phone No. 401 354 8392		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island LANDSCAPE MAINTENANCE							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name JOHN N. AZARIAN		Vice President Name JOHN N. AZARIAN					
Street Address 105 SMITHFIELD ROAD		Street Address 105 SMITHFIELD ROAD					
City NO. PROV.	State RI	Zip 02904	City NO. PROV.	State RI	Zip 02904		
Secretary Name JOHN N. AZARIAN		Treasurer Name JOHN N. AZARIAN					
Street Address 105 SMITHFIELD ROAD		Street Address 105 SMITHFIELD RD.					
City NO. PROV.	State RI	Zip 02904	City NO. PROV.	State RI	Zip 02904		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE		Director Name NONE					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
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 1000	Class/Series CNP	Par Value 0

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

MAR 01 2010

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: John N. Azarian Date: 2/25/10  
Print or Type Name: JOHN N. AZARIAN  
Title: PRESIDENT

File Date	BY
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	