

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: Januar * In accordance with R.I.G.L. subject to a penalty fee of \$25.	y 1 - March 1 • Filis . 7-1.2-1501(e), each cort	ng Fee: \$50.00* • THIS REPO poration failing or refusing to file its ar	ORT MUST BE TYPED	OR PRINTED LEGIDLY	' IN BLACK INK. law (R.1.G.L. 7-1.2-1501(c	
1. Corporate ID No. 111469	LARLHAM	2. Name of Corporation LARLHAM LANDSCAPE CONSTRUCTION CO. INC.				
3. Street Address Principal Business Office 3945 Old Post Road			Charlestown	State RI	<i>Ζιρ</i> 02813	
4. Business Phone No. (401) 364-0303 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Cha Landscape design, co	nstruction and mair	ntenance	- M		······································	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name Matthew C. Larlham			ACHMENT)			
Street Address 3945 Old Post Road			Street Address			
^{City} Charlestown	State RI	^{Zip} 02813	City	State	Zip	
Secretary Name Matthew C. Larlham			Treasurer Name Matthew C. Larlham			
Street Address 3945 Old Post Road			Street Address 3945 Old Post Road			
Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	<i>Ζψ</i> 02813	
3. NAMES AND ADDRE Director Name Matthew C. Larlham	SSES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	I SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 3945 Old Post Road			Street Address			
Charlestown	State RI	Ζίρ 02813	City	State	Zip	
hirector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE	ep '	ı		 <i>("X" BOX FOR ATTAC</i> TION <u>MUST</u> BE COMPLETED		
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	common	no par value	
nis report must be execuis report must be execu	ruted on behalf of the	e corporation by an authorize	d representative. If the cort rustee,	orporation is in the hand	s of a receiver or trust	
			Under penalty of peincluding any according	erjury, I declare and affirm t mpanying schedules and sta	hat I have examined this tements, and that all stat	

File Date _ MAR 09 2010 Check No. ___

Under penalty of perjury, I declare and	l affirm that I have examined this report,
including any accompanying schedule contained herein are true and correct	s and statements, and that all statements
Menther Jan	Ohan 2-23-10
Signature	Date
Matthew C. Larlham	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08