

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.I.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			City Charlestown	State RI	7/p 02813	
4. Business Phone No. (401) 364-0303  5. State of Incorporation RHODE ISLAND		- <del> </del>				
6. Brief Description of the Cha Landscape design, co	nstruction and mair	ntenance				
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			
<sup>City</sup> Charlestown	State RI	<sup>Zip</sup> 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			
<sub>்ர்y</sub> Charlestown	State RI	<sup>Zip</sup> 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	<i>7ір</i> 02813	City	State	Zip	
birector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE	D '	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	
his report must be execuis report must be execu	uted on behalf of th	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