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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.	2. Name of Corporation		
43-2081052	B Esposito Quality Landscaping Inc.		
3. Street Address Principal Business Office	City	State	Zip
10 Whitney Lane	Oakland	RI	02858
4. Business Phone No.	5. State of Incorporation		
401 710 9028	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
providing lawn care for residential & commercial properties

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Cari Card			Benedetto Esposito Jr.		
Street Address			Street Address		
10 Whitney lane			10 Whitney Lane		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Oakland	RI	02858
Secretary Name			Treasurer Name		
Cari Card			Cari Card		
Street Address			Street Address		
10 whitney " lane			10 Whitney Lane		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Oakland	RI	02858

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	STK	1.00

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.

[redacted]

11.'11

File Date FILED
Check No. AUG 10 2010
By: By 124153

FOR SECRETARY OF STATE USE ONLY
52253-11-520045

[redacted]

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.

Cari Card
Signature *Date*

Cari Card
Print or Type Name

President
Title

Form 630 Rev. 08/08