

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 2011 401.222.304

Filling Period: January 1 - March 1 • Filling 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(eòd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 136980	2. Name of Corporation M.A.G. L.I	ÄNDSCAPING, I	NC.		
3. Street Address Principal Business Office 9 Rollingwood Drive			City Lincoln	State RI	^{Ζip} 02865
4. Business Phone No. 5. State of Incorporation 401–725–2774 Rhode Is			land		
6. Brief Description of the Character of Landscaping	f Business Conducted in Services		40		
7. NAMES AND ADDRESSES President Name Mary-Ann Gra		S: ("X" BOX FOR ATTA	ICHMENT) [FILL IN SPA Vice President Name Joseph F. Gr		ATTACHMENTS
Street Address 9 Rollingwood Drive			Street Address 9 Rollingwood Drive		
Lincoln	State RI	^{zφ} 02865	City Lincoln	State RI	^{Zip} 02865
Secretary Name Mary-Ann Graziano			Treasurer Name Mary-Ann Graziano		
Street Address 9 Rollingwood Drive			Street Address 9 Rollingwood Drive		
^{City} Lincoln	State RI	^{Zip} 02865	^{Cuy} Lincoln	State R I	^{Zip} 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name Mary-Ann Graziano			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 9 Rollingwood Drive			Street Address		
Lincoln	State RI	02865	СИУ	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		1	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTIO		MENT)
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	\$1.00
This report must be executed of this report must be executed or	on behalf of the corp	poration by an authorized oration by the receiver of	d representative. If the corpor trustee.	ration is in the hands	of a receiver or trustee,
File Date JAN 0 4 Check No. By: FOR SECRETARY OF STATE	1C-		including any accompa contained herein are tru	nying schedules and state	at I have examined this report, ments, and that all statements 1 - 2 - 1 Date