



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 2011

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. 506541		2. Name of Corporation ELITE LANDSCAPES INC			
3. Street Address Principal Business Office 31 VIVIAN AVE		City CUMBERLAND		State RI	Zip 02864
4. Business Phone No. 401-486-0096		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island LANDSCAPING AND LAWN CARE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRYAN DUMAS			Vice President Name BRYAN DUMAS		
Street Address PO BOX 3018			Street Address PO BOX 3018		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Secretary Name BRYAN DUMAS			Treasurer Name BRYAN DUMAS		
Street Address PO BOX 3018			Street Address PO BOX 3018		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRYAN DUMAS			Director Name		
Street Address PO BOX 3018			Street Address		
City MANVILLE	State RI	Zip 02838	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) ☐		
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 100	Class/Series Common	Par Value No Par

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.

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: Bryan P. Dumas Date: 1/16/11
Print or Type Name: Bryan P. Dumas
Title: President

File Date	FILED
Check No.	JAN 19 2011
By	1140
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