

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 | • 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 sime prescribed by law (R.I.G.L. 7-1.2-1501(c) da

subject to a penalty fee of \$25.00.		ation juiling or rejusing to jue its an	issat report within thirty (50) a	ays after the time presented by t	*** (101.0.1) / 1.2 1y01(t0 a/) is	
1. Corporate ID No. 41341		2. Name of Corporation Landesign, Inc.				
3. Street Address Principal Business Office 41 Emerson Road			city Jamestown	State RI	Ζψ 02835	
4. Business Phone No. 5. State of Incorporation		5. State of Incorporation		<u> </u>		
401–423–2475 Rhode Island						
Landscape besighting ara	cter of Business Conduc	ted in Rhode Island				
	SES OF THE OFFIC	CERS: ("X" BOX FOR ATTA	_	SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
Betty L. Hubbard Street Address			John H. Hubbard Street Address			
41 Emerson Road			41 Emerson Road			
City	State	Zip	City	State	Zip	
Jamestown	RI	02835	Jamestown	RI	02835	
Secretary Name			Treasurer Name John H. Hubbard			
Betty L. Hubbard						
Street Address A1 Emorroon Bond			Street Address A1 Emorgon Boad			
41 Emerson Road	Ctut	724	41 Emerson Road City State Zip			
City Jamestown	State RI	^{Zip} 02835	Gity Jamestown	RI	02835	
	I SES OF THE DIRE	CTORS: ("X" BOX FOR AT	•	j	I	
Director Name			Director Name			
Betyty L. Hubbard			John H. Hubbard			
Street Address			Street Address			
41 Emerson Road			41 Emerson Road			
City	State	Zip	City	State	Zip	
Jamestown	RI	02835	Jamestown	<u>l</u> RI	02835	
Director Name			Director Name			
Street Address			Street Address	····		
Sirvei Augress			SITEEL PRIMITESS			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	D .	•	10. SHARES ISSUEI	O ("X" BOX FOR ATTA	CHMENT)	
			ISSUED SHARES — THIS S	SECTION MUST BE COMPLETE		
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	
			None			
		ne corporation by an authoria		corporation is in the har	nds of a receiver or trustee,	
this report must be execu	ted on behair of the	e corporation by the receive	r or trustee.			
					n that I have examined this rep	
				companying schedules and are frue and correct.	statements, and that all statements	
FH F	:n			A bloken	7/2/11	
File Date			Sia-auma	1) process	2/.7/1/ Data (
Chack No.	0044		Signature		isale :	
Check No. FEB 17	-2011 _		<u>John H. Hu</u>	***************************************		
Ву:	102/0		Print or Type Nat			
EOD SECRETARY O	DE CTATE LICE ONLY		Vice Presi	dent		
TOK SECKETAKI U	OF STATE USE ONLY	-				