

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20//
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 GI 7-12-1501(s) and companies Gillian and Filing Period: Cl. 2015(s) and Cl. 2015(s) a

1. Corporate ID No. 125400 3. Street Address Principal Business Of TOURTELOT	2. Name of Corporatio				by law (R.I.G.L. 7-1.2-1501(c&d))		
3. Street Address Principal Business C		n ,	\sim				
I ^	HAWK-E	YE LAWN	FRVIDES	TAC			
1905 TOURTELOT	(fice	^ <u> </u>	City	State			
	HE HILL	KOQI)	NORTH Soil	UNTE STATE	Zip C C C		
4. Business Phone No.		5. State of Incorporation	1111/1/	NNII N-L	<u> </u>		
401-934-1478		RHODE IS	SLAND				
6. Brief Description of the Character of	f Business Conducted in	Rhode Island	C - 1				
10 PROVIDE LAN	WW AND Z	ANOSCAPIAGE	SERVICES				
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA		SPACES BEFORE USI	NG ATTACHMENTS		
President Name			Vice President Name				
KOBERT SPERRY			KOBERT	SPERRY			
Street Address		^	Street Address	21/2/1/19			
905 TOURTELOT	të HILL .	Road	GOL TOUR	4-10-4- 1	III Road		
City	State	Zin	: 763 76 WA	TELVITZ F	HILL NOGO		
North nituate	RT	008517	MAPLL CI	State D	Zip S NC S 127		
Secretary Name	l	1.6003.7	$AW \wedge T \cap AC \cap $	WIEL			
Pa D-D- D=ODV			Treasurer Name				
Street Address	1 /		: NOBERI	SPERRY			
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705 TOURTELOTT	E HILL	MOad	<u>: 905</u> 104K7	TeLotte Hu	11 Kead		
Alandi City	State	Zip	City	State	ZiD		
NUKTA JUHUAJE	KI	102857	:NORTH Sciti	NATE RI	1 01857		
8. NAMES AND ADDRESSES.	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) FILL 1	N SPACES BEFORE US	SING ATTACHMENTS		
Director Name			Director Name		र प्रदेश कर प्रदेश के प्रदेश के किया महिला करिका प्रदेश के प्रदेश कर है । जा किया के किया के किया के किया के क जा किया के किया के किया किया किया किया किया किया किया किया		
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City Director Name	State	Ζip	City	State	Zip		
City	State	Zip	City	State	Zip		
City Director Name Street Address		Zíp	City Director Name	State	Zip		
City Director Name Street Address	State State	Zip Zip	City Director Name	State State			
City Director Name Street Address			City Director Name Street Address		Zip Zip		
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City Director Name Street Address City			City Director Name Street Address City 10. SHARES ISSUED	State ("X" BOX FOR ATTA	Zφ CEUVENT): □		
City Director Name Street Address City 9. SHARES AUTHORIZED	State	Zip	City Director Name Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SE	State ("X" BOX FOR ATTA	Zψ (CHWENT):		
City Director Name Street Address City 9. SHARES AUTHORIZED This information is currently of	State of record in the Offi	Zip ce of the Secretary of	City Director Name Street Address City 10. SHARES ISSUED	State ("X" BOX FOR ATTA	Zφ CEUVENT): □		
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FOR SECRETARY OF STATE USE ONL	Y

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein are true and correct.	nat I have examined this report, ements, and that all statements
Q The Stim	2-20 211
Sighature	Date
KOBERT SPERRY	
Print or Type Name	
RESIDENT	
Title	
	Form 630 Rev 09/09