

FOR SECRETARY OF STATE USE ONLY

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(cc/d)) is

subject to a penalty fee of \$25.00.				ages and same preservoid by a	** (101.0.2. /-1.2-1)01(tOu)/ ts	
1. Corporate ID No. 17957	LANDSCA	2. Name of Corporation LANDSCAPING, INC.				
3. Street Address Principal Business Office PO Box 113840			North Providence	State RI	<i>zip</i> 02911	
		5. State of Incorporation Rhode Island	tion			
6. Brief Description of the Charact General Landscaping	ter of Business Condi	icted in Rhode Island	***			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Fred Colagiovanni			ACHMENT)			
Street Address PO Box 113840			Street Address PO Box 113840			
North Providence	State RI	<i>Ζφ</i> 02911	City North Providence	State RI	^{Zip} 02911	
Secretary Name Robert V. Colagiovanni			Treasurer Name Fred Colagiovanni			
Street Address 3010 Post Road			Street Address PO Box 113840			
City Warwick	State RI	^{Zip} 02886	North Providence	State RI	<i>Zip</i> 02911	
8. NAMES AND ADDRESS	ES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) [FILL IN S	PACES BEFORE USIN	IG ATTACHMENTS	
Fred Colagiovanni			Director Name Elizabeth Colagiovanni			
PO Box 113840			Street Address PO Box 113840			
North Providence	State RI	<i>Σι</i> ρ 02911	City North Providence	State RI	Ζίρ 02911	
Dorothy E. Colagiovann	ni		Director Name		4	
Street Address 104 Savoy Street			Street Address			
City Providence	State RI	^{Zip} 02906	City	State	Zip	
9. SHARES AUTHORIZED	•	ı	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			200	common	none	
This report must be execute this report must be execute.	ed on behalf of the	he corporation by an authorize e corporation by the receiver of	ed representative. If the corp	poration is in the hand	s of a receiver or trustee,	
	- on somm, or m	o corporation by the receiver	or dustee.			
			Under penalty of pari	ury I and bro and affirm	that I have examined this report	
F[I	_ED		including any accomp	banying schedules and st	that I have examined this report atements, and that all statements	
File Date MAR 1	0 2011		contained herein are t	inte life correct.	3/1/11	
Check NoBy	nnc)	Signatur Signatur	anni	Date	
2903			Fred Colágiovanni Print or Type Name			

President

Title