



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. 63921		2. Name of Corporation Monis Landscaping Services, Inc.			
3. Street Address Principal Business Office P.O. Box 685			City Bristol	State RI	Zip 02809
4. Business Phone No. 301-9933		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide residential, commercial and municipal landscaping services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicole Monis			Vice President Name None		
Street Address P.O. Box 685			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Alfred R. Rego, Jr.			Treasurer Name Nicole Monis		
Street Address 443 Hope Street			Street Address P.O. Box 685		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicole Monis			Director Name None		
Street Address P.O. Box 685			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common No Par Value		200	Common	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.

**FILED**

File Date APR 29 2011  
Check No. BY 3409  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date 4/21/11  
Alfred R. Rego, Jr.  
Print or Type Name  
Secretary  
Title