

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 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(cċrd)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 155023	2. Name of Corporation Sean's Landscaping & Maintenance, Inc.				
3. Street Address Principal Business Office 33 Martins Road			City Portsmouth	State Rhode Island	^{Ζφ} 02871
4. Business Phone No. 5. State of Incorporation 401-835-2172 Rhode Island					
6. Brief Description of the Charac landscaping business	•				
7. NAMES AND ADDRESS	ES OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🗍 FILL IN	SPACES BEFORE USING AT	ITACHMENTS
President Name			Vice President Name		
Sean P. Riley			Sean P. Riley		
Street Address 33 Martins Road			Street Address 33 Martins Road		
City Portsmouth	State Rhode Island	^{Ζίρ} 02871	City Portsmouth	State Rhode Island	^{Ζψ} 02871
Secretary Name Sean P. Riley			Treasurer Name Sean P. Riley		
Street Address 33 Martins Road			Street Address 33 Martins Road		
City	State	Ζψ	City	State	Zip
Portsmouth	Rhode Island	02871	Portsmouth	Rhode Island	02871
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8. NAMES AND ADDRESS		i .	: ACHMENT) [] FILL II	4	1
8. NAMES AND ADDRESS Director Name		i .	: ACHMENT) [] FILL II	4	1
8. NAMES AND ADDRESS Director Name Sean P. riley		i .	ACHMENT) TILL II Director Name	4	1
8. NAMES AND ADDRESS Director Name Sean P. riley Street Address		i .	ACHMENT) TILL II Director Name	4	1
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8. NAMES AND ADDRESS Director Name Sean P. riley Street Address 33 Martins Road City	State	RS: ("X" BOX FOR ATT	ACHMENT) TILL II Director Name Street Address	N SPACES BEFORE USING	ATTACHMENTS
8. NAMES AND ADDRESS Director Name Sean P. riley Street Address 33 Martins Road City Portsmouth	State	RS: ("X" BOX FOR ATT	ACHMENT) TELL U Director Name Street Address City	N SPACES BEFORE USING	ATTACHMENTS 20 20 20 20 20 20 20 20 20 20 20 20 20
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Under penalty of perjury, Edeclare a	nd affirm that I have examined this report,
including any accompanying schedu	les and statements, and that all statements
contained herein are the mid correct	5-1-1/
Signature	Date
Sean P. Riley	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08