



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 2012**

**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. 000071789		2. Name of Corporation PLAINFIELD LANDSCAPING Co., INC.	
3. Street Address Principal Business Office 2071 PLAINFIELD PIKE		City JOHNSTON	State RI
		Zip 02919	
4. Business Phone No. 401 946 5090		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name FRANK DEBELLIS		Vice President Name FRANK DEBELLIS	
Street Address 2071 PLAINFIELD PIKE		Street Address 2071 PLAINFIELD PIKE	
City JOHNSTON	State RI	Zip 02919	City JOHNSTON
			State RI
			Zip 02919
Secretary Name FRANK DEBELLIS		Treasurer Name FRANK DEBELLIS	
Street Address 2071 PLAINFIELD PIKE		Street Address 2071 PLAINFIELD PIKE	
City JOHNSTON	State RI	Zip 02919	City JOHNSTON
			State RI
			Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100.00	Class/Series COMMON
			Par Value NPV

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 JAN 13 2012  
 Check No. By [Signature]  
 By: 4634  
 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] 12-28-11  
 Signature Date  
FRANK DEBELLIS  
 Print or Type Name  
PRESIDENT  
 Title