

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation ANDSCAPING Inc. Pimontal 19119

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3. Street Address Principal Business C	AVE,		E.PROV.	State R.S.	1 0 2 9 1 4			
4. Busineșs Phone No.		5. State of Incorporation						
401-434-1806		RhoDe	Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Conduct & Operate A Business OF Landscaping & CARDening -								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name		(Vice President Name					
John PimenTAL			John PimenTAL					
Street Address 100 Allerton AUR.			Street Address 100 Allenton Ave					
E. PROV.	State R. I.	Zip 02914	E-PROV.	Signe C. S.	21p 102914			
Secretary Name SANDNA RIMENTAL			Treasurer Name SANDNA PIMENTAL					
Street Address 100 Alle	rton (Aue.	Street Address	erton Au	<i>e</i> .			
F. PROV	State L.	Zip 02914	E. PROV	State QI	02914			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Ζip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			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			
			500	Comman	no PAR VAL			
			l					

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	1
File Date	JAN 1 8 2012	
Check No.	1	
Ву:	81777	
- v·	FOR SECRETARY OF STATE USE ONLY	

	declare and affirm that I have g schedules and statements.	
contained herein are true ar	i <u>d c</u> orrect. ,	, ,
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Print or Type Name		
Sec. 1	TRES.	
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