



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |  |                    |                     |
|---|--------------------|--|--------------------|---------------------|
| 1. Entity ID No.<br><b>153109</b>   |                    | 2. Exact name of the Corporation<br><b>KMB LANDSCAPE SERVICE, INC.</b> |                    |                     |
| 3. Principal office address<br><b>96 BROWN AVENUE</b>   |                    | City<br><b>JOHNSTON</b>  | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>401-949-4383</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                       |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>TO PROVIDE LAWCARE, SNOW PLOWING, SANDING AND OTHER RELATED SERVICES.</b> |                    |  |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                    |                     |
| President Name<br><b>KEVIN BEAUMIER</b>   |                    | Vice-President Name<br><b>SAME</b>                                     |                    |                     |
| Street Address<br><b>96 BROWN AVENUE</b>  |                    | Street Address   |                    |                     |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City               | State Zip           |
| Secretary Name<br><b>SAME</b>   |                    | Treasurer Name<br><b>SAME</b>  |                    |                     |
| Street Address  |                    | Street Address   |                    |                     |
| City  | State              | Zip  | City               | State Zip           |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |                    |                     |
| Director Name<br><b>NONE</b>  |                    | Director Name  |                    |                     |
| Street Address  |                    | Street Address   |                    |                     |
| City  | State              | Zip  | City               | State Zip           |
| Director Name   |                    | Director Name  |                    |                     |
| 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.  |                    |  |                    |                     |
| NUMBER OF SHARES  |                    | CLASS/SERIES   |                    | PAR VALUE           |
| 100   |                    | COMMON   |                    | \$1.00              |

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.

File Date

**FEB 27 2012**

Check No

By:

**1579**

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.

**Y**  
Signature of Authorized Representative

**02/10/2012**

Date

**KEVIN BEAUMIER**

Print or Type Name of Authorized Representative