

FEB 2 7 2012

FOR SECRETARY OF STATE USE ONLY

Check No.

By. BY.

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

| subject to a penalty fee of \$25.00. 1. Corporate ID No. 44195 | 2 Name of Corporation SCOTT HESFORD LANDSCAPING, INC. | | | | |
|--|---|--|---|--|---|
| 3. Street Address Principal Business Office 12 SHUN PIKE | | | JOHNSTON | State RI | <i>ир</i> 02919 |
| 4. Business Phone No. 5. State of Incorporation RHODE ISLAND | | | | | |
| 6. Brief Description of the Character of Landscape, design and con | of Business Conducted struction and land | in Rhode Island dscape gardening | *************************************** | | , compressed that the |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name SCOTT HESFORD | | | CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name ANTHONY G. GESMONDI | | |
| Street Address 12 SHUN PIKE | | | Street Address 415 SHIPPEE ROAD | | |
| JOHNSTON | State RI | ^{Zip} 02919 | City EAST GREENWICH | State RI | ^{Zip} 02818 |
| Secretary Name ANTHONY GESMONDI | | | Treasurer Name ANTHONY GESMONDI | | |
| Street Address 415 SHIPPEE ROAD | | | Street Address 415 SHIPPEE ROAD | | |
| EAST GREENWICH | State RI | ^{Zip} 02818 | EAST GREENWICH | State RI | ^{Zip} 02818 |
| 8. NAMES AND ADDRESSES Director Name SCOTT HESFORD | OF THE DIRECT | ORS: ("X" BOX FOR AT | TACHMENT) To FILL IN Director Name ANTHONY G. GESM | | G ATTACHMENTS |
| Street Address 12 SHUN PIKE | | | Street Address 415 SHIPPEE ROAD | | |
| City | State | Zψ | 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) 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 |
| | | | 1000 | COMMON | NONE |
| This report must be executed this report must be executed or | on behalf of the co | corporation by an authorize orporation by the receiver | ed representative. If the coor trustee. | rporation is in the hands | s of a receiver or trustee, |
| | | | Under was also of and | einer I doctors and affirm | hat I have examined this report |
| FILED | **** | | | panying sofedules and sta | nat I have examined this report tements, and that all statement |