

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