



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 2011

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. 149357		2. Exact name of the Corporation American Landscape Materials, Inc.			
3. Principal office address 242 Plainfield Pike		City North Scituate	State RI	Zip 02857	
4. Business Phone No. 401-413-9038		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Sale of Landscape Materials					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name Stephen C. Calabrese			Vice-President Name Same		
Street Address 242 Plainfield Pike			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
Director Name Stephen C. Calabrese			Director Name		
Street Address 242 Plainfield Pike			Street Address		
City North Scituate	State RI	Zip 02857	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 ☒					
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		Stk			

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 _____
Check No. _____
By _____
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.

 **3-20-12**
Signature of Authorized Representative Date

Stephen C. Calabrese

Print or Type Name of Authorized Representative

FILED
MAY 16 2012
By 