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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.	2. Exact name of the Corporation		
000067317	TCS Landscaping, Inc.		
3. Principal office address: 10 Lucille Drive	City: Greenville	State: RI	Zip: 02828
4. Business Phone No.: 401-949-0712	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Landscaping Services			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Theodore C. Souza	Frances T. Souza
Street Address: 10 Lucille Drive	Street Address: 10 Lucille Drive
City: Greenville, State: RI, Zip: 02828	City: Greenville, State: RI, Zip: 02828
Secretary Name: Theodore C. Souza	Treasurer Name: Frances T. Souza
Street Address: 10 Lucille Drive	Street Address: 10 Lucille Drive
City: Greenville, State: RI, Zip: 02828	City: Greenville, State: RI, Zip: 02828

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Theodore C. Souza	None
Street Address: 10 Lucille Drive	Street Address:
City: Greenville, State: RI, Zip: 02828	City: , State: , Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1,000	Common	$.05

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: _____

FILED
AUG 21 2012

FOR SECRETARY OF STATE USE ONLY

BY

29-177252

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.

Frances T. Souza 8-21-12
Signature of Authorized Representative Date

Frances T. Souza, Vice President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

81911-3-745946