



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 2013

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. 94755		2. Exact name of the Corporation DE BALSİ TREE & LANDSCAPE, INC.			
3. Principal office address 52 CLIFFSIDE DRIVE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To operate and maintain a business for the purpose of landscape design and construction.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul DeBalsi		Vice-President Name Paul DeBalsi			
Street Address 52 CLIFFSIDE DRIVE		Street Address 52 CLIFFSIDE DRIVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name Paul DeBalsi		Treasurer Name Paul DeBalsi			
Street Address 52 CLIFFSIDE DRIVE		Street Address 52 CLIFFSIDE DRIVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul DeBalsi		Director Name			
Street Address 52 CLIFFSIDE DRIVE		Street Address			
City CRANSTON	State RI	Zip 02920	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	No Par

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

FILED

JAN 0 8 2013

Form No. 630
Revised: 01/2012

BY MNC
Ch # 4385

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.

Paul DeBalsi 12/31/12
Signature of Authorized Representative Date

Paul DeBalsi

Print or Type Name of Authorized Representative