



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. 5615 | | 2. Exact name of the Corporation Contemporary Landscaping, Inc. | | | |
| 3. Principal office address 80 East Hill Dr. | | City Cranston | State RI | Zip 02920 | |
| 4. Business Phone No. 401-737-6663 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island landscape/landscape construction | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Ronald Goldsmith | | | Vice-President Name Ronald Goldsmith | | |
| Street Address 80 East Hill Dr. | | | Street Address 80 East Hill Dr. | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Ronald Goldsmith | | | Treasurer Name Barbara Goldsmith | | |
| Street Address 80 East Hill Dr. | | | Street Address 80 East Hill Dr. | | |
| 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 | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | | | |
| 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. | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| none | | | | | |
| | | | | | |

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 25 2013
13243

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.

Ronald Goldsmith 1/15/13
Signature of Authorized Representative Date

Ronald Goldsmith

Print or Type Name of Authorized Representative