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.	2. Exact name of the Corporation
107319	**M & M Landscaping & Paving, Inc.**

3. Principal office address	City	State	Zip
375 Franklin Road	**Coventry**	**RI**	**02816**

4. Business Phone No.	5. State of Incorporation
(401) 397-7662	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Landscaping

President Name	Street Address	City	State	Zip
Michael J. Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Vice-President Name	Street Address	City	State	Zip
Michael J. W. Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Secretary Name	Street Address	City	State	Zip
Denise Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Treasurer Name	Street Address	City	State	Zip
Michael J. W. Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Director Name	Street Address	City	State	Zip
Michael J. Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Director Name	Street Address	City	State	Zip
Michael J. W. Wisdom	**375 Franklin Road**	**Coventry**	**RI**	**02816**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
1,000	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.

[redacted]

FILED
JAN 31 2013
4154

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.

X _____ Signature of Authorized Representative _____ Date

Michael J. Wisdom
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012