State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	*2. Name of Corporation*		
41757	LANDSCAPING CONCEPTS, INC.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
1673 Fall River Avenue	Seekonk	MA	02771
4. Business Phone No.	*5. State of Incorporation*		
(508) 336-7830	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Landscaping business.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Robert E. Langille					
Street Address			*Street Address*		
1673 Fall River Avenue					
City	*State*	*Zip*	*City*	*State*	*Zip*
Seekonk	MA	02771			
Secretary Name			*Treasurer Name*		
Robert E. Langille			Robert E. Langille		
Street Address			*Street Address*		
1673 Fall River Avenue			1673 Fall River Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Seekonk	MA	02771	Seekonk	MA	02771

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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: ***("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.

10. SHARES ISSUED: ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	*Class Series*	*Par Value*
100 shares common stock of no par value		

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.

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.

Robert Langille — *Signature* — 2/25/13 *Date*

Robert Langille — *Print or Type Name*

President — *Title*

FILED
FEB 28 2013
BY 1272

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06