

1. Corporate ID No. 144206

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 2014

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

2. Name of Corporation
Picturesque Incorporated: Landscape Construction & Maintenance

* 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.

3. Street Address Principal Business	Office		294	Ct.ut	7:-	
67 Peck Hill Rd			Johnston	State RI	^{Zip} 02919	
401-764-0492		5. State of Incorporation Rhode Island				
6. Brief Description of the Character Landscaping: Construction	of Business Conducted in ; Loam; Mulch; Rot	Rhode Island Tilling; Dethatching; F	encing			
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
Stephanie Venditelli			None			
Street Address 67 Peck Hill Rd			Street Address			
City Johnston	State RI	^{Zip} 02919	City	State	Zip	
Secretary Name Stephanie Venditelli			Treasurer Name Stephanie Venditelli			
Street Address 67 Peck Hill Rd			Street Address 67 Peck Hill Rd			
City Johnston	State RI	^{Ζιρ} 02919	City Johnston	State	Zip	
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Stephanie Venditelli			*ACHMENT*)			
Street Address			Street Address			
67 Peck Hill Rd			50 60 7000 633			
City	State	Zip	City	State	Zip	
Johnston	J RI	02919			i	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	1	ĺ		("X" BOX FOR ATTAC ECTION MUST BE COMPLETE	- =	
This information is correctly of record in the Office of the D			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.			None		, and contains	
This report must be executed this report must be executed or	on behalf of the corp on behalf of the corp	poration by an authorize oration by the receiver o	d representative. If the correction trustee.	corporation is in the hand	ls of a receiver or trustee,	
		FILED				
	**************************************	JAN-0 2 2014	Under penalty of princluding any according	perjury, I declare and affirm ompanying schedules and st	that I have examined this report, tatements, and that all statements	
	BY_	2406	contained herein a	are true and correct.	- / /	
File Date		0100	Signature	nerall	Date 12/30/13	
Check No.		/	'/~'	hanie Des	nditelli	
Ву:			Frint or Type Name	11-		
FOR SECRETARY OF STA	TE USE ONLY		Titled Titled	ut ICED		
					Form 630 Rev. 08/08	