



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. 5.04040		2. Exact name of the Corporation Land Development Design , Collaborative, Inc.			
3. Principal office address 79 Highland Avenue		City Fall River	State MA	Zip 02720	
4. Business Phone No. 508-558-3134		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island We are a full service land development, design and engineering firm.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael D. Farias		Vice-President Name none			
Street Address 79 Highland Avenue		Street Address none			
City Fall River	State MA	Zip 02720	City none	State none	Zip none
Secretary Name Michael Farias		Treasurer Name Michael Farias			
Street Address 79 Highland Avenue		Street Address 79 Highland Avenue			
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none		Director Name none			
Street Address none		Street Address none			
City none	State none	Zip none	City none	State none	Zip none
Director Name none		Director Name none			
Street Address none		Street Address none			
City none	State none	Zip none	City none	State none	Zip none
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
			\$1500	CWP	\$1.0000

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 _____

FILED

Check No _____

JAN 21 2014

By: _____

49-21517

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.

Michael D. Farias
Signature of Authorized Representative

1-16-2014
Date

FOR SECRETARY OF STATE USE ONLY

Michael D. Farias

Print or Type Name of Authorized Representative

A.A. 10:51 A.m.