



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 2014

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. 596517		2. Exact name of the Corporation Back to Basics Lawn Care, Inc.		
3. Principal office address 3 Russet Way		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-632-6481		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island lawn care and landscaping				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Maax M. Bert		Vice-President Name		
Street Address 3 Russet Way		Street Address		
City Cranston	State RI	Zip 02920	City	State RI
Secretary Name Maax M. Bert		Treasurer Name Maax M. Bert		
Street Address 3 Russet Way		Street Address 3 Russet Way		
City Cranston	State RI	Zip 02920	City Cranston	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Maax M. Bert		Director Name		
Street Address 3 Russet Way		Street Address		
City Cranston	State RI	Zip 02920	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State RI
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
100		common		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 filed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____

JAN 22 2014

Check No _____

By: _____ **BY 434**

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.

[Signature] 1-20-14
 Signature of Authorized Representative Date
 Maax M. Bert

Print or Type Name of Authorized Representative

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