



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. 697754		2. Exact name of the Corporation van Lent Associates, Ltd.			
3. Principal office address 292 Spring Street, Box 1208			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-741-4987			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Provide landscape architecture and site planning services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Derek A. van Lent			Vice-President Name Derek A. van Lent		
Street Address 292 Spring Street, Box 1208			Street Address 292 Spring Street, Box 1208		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Derek A. van Lent			Treasurer Name Derek A. van Lent		
Street Address 292 Spring Street, Box 1208			Street Address 292 Spring Street, Box 1208		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Derek A. van Lent			Director Name		
Street Address 292 Spring Street, Box 1208			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
300		Common		No Par	

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____
 Check No _____
 By: _____

FILED

MAR 14 2014

49-219999

A.A.

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.

Derek A. van Lent, President 3-11-2014
 Signature of Authorized Representative Date

Derek A. van Lent, President

Print or Type Name of Authorized Representative