



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 **2015**

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.<br><b>3891</b>  |                    | 2. Exact name of the Corporation<br><b>CENTRAL LANDSCAPE CONSTRUCTION COMPANY</b> |  |                    |                     |
| 3. Principal office address<br><b>1155 Atwood Avenue</b>   |                    |   | City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>(401) 942-7511</b>   |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Landscape, contracting and construction.</b>                             |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                     |
| President Name<br><b>Paul Pagliarini</b>   |                    |   | Vice-President Name<br><b>James Pagliarini</b>                             |                    |                     |
| Street Address<br><b>1155 Atwood Avenue</b>  |                    |   | Street Address<br><b>1155 Atwood Avenue</b>                                |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Secretary Name<br><b>Steven F. Pagliarini</b>  |                    |   | Treasurer Name<br><b>Steven F. Pagliarini</b>                              |                    |                     |
| Street Address<br><b>1155 Atwood Avenue</b>  |                    |   | Street Address<br><b>1155 Atwood Avenue</b>                                |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                     |
| Director Name<br><b>Paul Pagliarini</b>  |                    |   | Director Name<br><b>Steven F. Pagliarini</b>                               |                    |                     |
| Street Address<br><b>1155 Atwood Avenue</b>  |                    |   | Street Address<br><b>1155 Atwood Avenue</b>                                |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b> |
| Director Name<br><b>James Pagliarini</b>   |                    |   | Director Name  |                    |                     |
| Street Address<br><b>1155 Atwood Avenue</b>  |                    |   | Street Address   |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City   | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| 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              |
|  |                    |   |  |                    |                     |

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: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

FILED  
 JAN 22 2015  
 3581

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.  
*Steven F. Pagliarini* 1/14/15  
 Signature of Authorized Representative Date  
**Steven F. Pagliarini**  
 Print or Type Name of Authorized Representative