



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. 797906		2. Exact name of the Corporation FORTE LANDSCAPING AND CONSTRUCTIONS CO., INC.			
3. Principal office address 120 Quinobequin Road			City Newton	State MA	Zip 02462
4. Business Phone No. 617-965-1188			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Installation of playgrounds and shade shelters					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas A. Forte			Vice-President Name Thomas A. Forte		
Street Address 120 Quinobequin Road			Street Address 120 Quinobequin Road		
City Newton	State MA	Zip 02462	City Newton	State MA	Zip 02462
Secretary Name Thomas A. Forte			Treasurer Name Thomas A. Forte		
Street Address 120 Quinobequin Road			Street Address 120 Quinobequin Road		
City Newton	State MA	Zip 02462	City Newton	State MA	Zip 02462
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas A. Forte			Director Name		
Street Address 120 Quinobequin Road			Street Address		
City Newton	State MA	Zip 02462	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
			100	Common	No Par Value

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
FEB 23 2015

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.

Thomas A. Forte **2/23/15**
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY **7276**

Thomas A. Forte

Print or Type Name of Authorized Representative