



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. 69258		2. Exact name of the Corporation Green Schemes, Inc.			
3. Principal office address 32 Crest Street		City Middletown	State RI	Zip 02842	
4. Business Phone No. (401) 243-7158		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Interior Landscaping					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Robin Jane Bosworth			Vice-President Name None		
Street Address 32 Crest Street			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Jane Bosworth			Treasurer Name None		
Street Address 32 Crest Street			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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)		
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		- 0 -

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: **MAR 02 2015**
By: **2843**
FOR SECRETARY OF STATE USE ONLY

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.

Robin J. Bosworth 02/26/2014
Signature of Authorized Representative Date
Robin J. Bosworth
Print or Type Name of Authorized Representative