



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>66395                                                                                                                                  |             | 2. Exact name of the Corporation<br>M. Vaili Mulchworks Landscape Construction, Inc. |                                                                     |              |           |
| 3. Principal office address<br>350 Pippin Orchard Rd.                                                                                                      |             | City<br>Cranston                                                                     | State<br>RI                                                         | Zip<br>02921 |           |
| 4. Business Phone No.<br>401-467-6881                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island                                            |                                                                     |              |           |
| 6. Brief description of the character of business conducted in Rhode Island<br>To engage in the business of landscape engineering and construction.        |             |                                                                                      |                                                                     |              |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                               |             |                                                                                      |                                                                     |              |           |
| President Name<br>Michael J. Vaili                                                                                                                         |             |                                                                                      | Vice-President Name<br>NONE                                         |              |           |
| Street Address<br>350 Pippin Orchard Rd.                                                                                                                   |             |                                                                                      | Street Address                                                      |              |           |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02921                                                                         | City                                                                | State        | Zip       |
| Secretary Name<br>NONE                                                                                                                                     |             |                                                                                      | Treasurer Name<br>NONE                                              |              |           |
| Street Address                                                                                                                                             |             |                                                                                      | Street Address                                                      |              |           |
| City                                                                                                                                                       | State       | Zip                                                                                  | City                                                                | State        | Zip       |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                              |             |                                                                                      |                                                                     |              |           |
| Director Name<br>NONE                                                                                                                                      |             |                                                                                      | Director Name<br>NONE                                               |              |           |
| Street Address                                                                                                                                             |             |                                                                                      | Street Address                                                      |              |           |
| City                                                                                                                                                       | State       | Zip                                                                                  | City                                                                | State        | Zip       |
| Director Name<br>NONE                                                                                                                                      |             |                                                                                      | Director Name<br>NONE                                               |              |           |
| 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<br>NONE                                            | CLASS/SERIES | 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: \_\_\_\_\_

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.

Signature of Authorized Representative

Date

FILED

Michael J. Vaili

Print or Type Name of Authorized Representative

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BY

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