



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. 504040		2. Exact name of the Corporation Land Development Design Collaborative, Inc			
3. Principal office address 232 Warren Avenue		City Tiverton		State RI	Zip 02878
4. Business Phone No. 508-558-3134		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Land design					
7. List of Officers, Directors, and Shareholders (Check one box) ☐					
President Name Michael D. Farias			Vice-President Name Michael D. Farias		
Street Address 79 Highland Avenue			Street Address 79 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name Michael D. Farias			Treasurer Name Michael D. Farias		
Street Address 79 Highland Avenue			Street Address 79 Highland Avenue		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
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
			1500		

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

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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]
Signature of Authorized Representative

09/01/2015

Date

Dawn Schultz Farias

Print or Type Name of Authorized Representative