



**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** 2016

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. <b>10751</b>		2. Exact name of the Corporation <b>EARTH SCAPE INC.</b>		
3. Principal office address <b>6 CIRCLEWOOD DRIVE</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>401-826-3400</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>LANDSCAPE DESIGN, CONSTRUCTION AND MAINTENANCE</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>FRANKLIN R. ARTS</b>		Vice-President Name <b>KAREN ARTS</b>		
Street Address <b>6 CIRCLEWOOD DRIVE</b>		Street Address <b>SAME</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State <b>RI</b>
Secretary Name <b>KENNETH A. JOHNSON ESQ.</b>		Treasurer Name <b>KAREN ARTS</b>		
Street Address <b>477 YORK ST.</b>		Street Address <b>SAME</b>		
City <b>CANTON</b>	State <b>MA</b>	Zip <b>02021</b>	City	State <b>MA</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>NONE</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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. <b>8000</b>		NUMBER OF SHARES <b>8000</b>	CLASS/SERIES	PAR VALUE <b>NO PAR</b>

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**

**JAN 13 2016**

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.

*Franklin R. Arts*  
 Signature of Authorized Representative **12-31-15**  
 Date

FOR SECRETARY OF STATE USE ONLY BY **KL17001**

**FRANKLIN R. ARTS**  
 Print or Type Name of Authorized Representative