

## 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

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## 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.	2. Exact name of	the Corporation			·
10751	EARTI	+ SCAPE	INC.		
3. Principal office address 6 CILLENC	200 PR	IVE	COVENTA	Y State	218 OZ816
4. Business Phone No. 401 - 826-	-3400		5. State of Incorporation PT		
6. Brief description of the character of business conducted in Rhode Island  1. A LOSCAPE DESIGN CONSTRUCTION ALIONALIA LICE					
LANDSCAPE PESIGN, CONSTRUCTION AND MAINTENANCE					
President Name	and the second of the second of the second of	udaud A. Superi Tiderator el el del Astronomia del Color	Vice-President Name		
FRANKHY		KAREN AMTS			
Street Address 6 CINCLEWOOD DAYE			Street Address SAME		
COLENTIN	State P.1	02816	City	State	Zip
Secretary Name	Secretary Name Treasurer Name				
Street Address	N EZZ	Street Address			
477 YONK ST.			SAME		
CAUTON	State MA	02021	City	State	Zip
8. LIST ALL DIRECTORS (NAI	ies and addres	SEG) ("X" BOX FOR /	The state of the s		
Director Name NOME			Director Name		
Street Address			Street Address		
			Sireel Address		
City	State	Zip	City	State	Zip
	State	Zip		State	Zip
City	State	Zip	City	State	Zip
City Director Name	State	Zip Zip	City Director Name	State	Zip Zip
City  Director Name  Street Address			City  Director Name  Street Address  City		Zip
City  Director Name  Street Address  City  SHARES AUTHORIZED	State	Zip	City  Director Name  Street Address  City	State	Zip
City  Director Name  Street Address  City	State  State  f record in the Office ddittonal filing.	Zip  ce of the Secretary	City  Director Name  Street Address  City  10. SHARES ISSUED	State  ("X" BOX FOR ATTACH	Zip
City  Director Name  Street Address  City  S. SHARES AUTHORIZED  This information is currently of State. Changes require an a	State  I record in the Office ddittonal filing. eet.	Zip  ce of the Secretary  3000  ration by an authorized	City  Director Name  Street Address  City  10. SHARES ISSUED  NUMBER OF SHARES  BODO  direpresentative. If the city	State  ("X" BOX FOR ATTACH  CLASS/SERIES  orporation is in the hands	Zip  MENT L  PAR VALUE  NO PAR
City  Director Name  Street Address  City  S. SHARES AUTHORIZED  This information is currently of State. Changes require an a See Section 9 of instruction shares	State  I record in the Office ddittonal filing. eet.	Zip  ce of the Secretary  3000  ration by an authorized	City  Director Name  Street Address  City  10. SHARES ISSUED  NUMBER OF SHARES  BODO  direpresentative. If the cithe corporation by the reservance in the corporation of the corporation	State  ("X" BOX FOR ATTACH  CLASS/SERIES  orporation is in the hands	Zip  PAR VALUE  NO PAR  of a receiver or trustee,
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City  Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently or of State. Changes require an a See Section 9 of instruction sh	State  I record in the Office ddittonal filing. eet.	Zip  ce of the Secretary  3000  ration by an authorized	City  Director Name  Street Address  City  10. SHARES ISSUED  NUMBER OF SHARES  BODO  director Name  director Name  director Name  Under penalty of pethis report, including	State  ("X" BOX FOR ATTACH  CLASS/SERIES  orporation is in the hands series or trustee.  rjury, I declare and affirm	Zip  PAR VALUE  NO PAT  of a receiver or trustee,  m that I have examined thedules and statements, e true and correct.
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Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012