



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 162123		2. Name of Corporation New Leaf Landscaping Inc.			
3. Street Address Principal Business Office 98 Ridge Drive			City Exeter	State RI	Zip 02822
4. Business Phone No. 401-234-1318		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide landscaping services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Shannon D. Cuthill			Vice President Name Deanna G. Cuthill		
Street Address 98 Ridge Drive			Street Address 98 Ridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Shannon D. Cuthill			Treasurer Name Shannon D. Cuthill		
Street Address 98 Ridge Drive			Street Address 98 Ridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) ☐			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.			ISSUED SHARES - THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			200 shares common stock of no 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.

FILED

JAN 19 2016

File Date	BY 4369
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 **Shannon D. Cuthill** Date **1/13/16**
Print or Type Name
President
Title