



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. 44195		2. Exact name of the Corporation Scott Hesford Landscaping, Inc.			
3. Principal office address 12 Shun Pike			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-946-6050			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Landscape, design and construction and landscaping gardening.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Hesford			Vice-President Name Scott Hesford		
Street Address 12 Shun Pike			Street Address 12 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name SCOTT HESFORD			Treasurer Name Scott Hesford		
Street Address 12 Shun Pike			Street Address 12 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott Hesford			Director Name Scott Hesford		
Street Address 12 Shun Pike			Street Address 12 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
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	CLASS/SERIES	PAR VALUE
			500	COMMON	NONE

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 all accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

JAN 25 2016

HL 32838

Signature of Authorized Representative _____ Date _____
Scott Hesford, President
 Print or Type Name of Authorized Representative