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.	2. Exact name of the Corporation
117650	D. GORMAN LANDSCAPING CO., INC.

3. Principal office address	City	State	Zip
24 Hornbeam Road	Coventry	RI	02816

4. Business Phone No.	5. State of Incorporation
(401) 821-7100	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF LANDSCAPING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
David J. Gorman	David J. Gorman
Street Address: 24 Hornbeam Road	Street Address: 24 Hornbeam Road
City: Coventry, State: RI, Zip: 02816	City: 24 Hornbeam Road, State: RI, Zip: 02816
Secretary Name	**Treasurer Name**
David J. Gorman	David J. Gorman
Street Address: 24 Hornbeam Road	Street Address: 24 Hornbeam Road
City: Coventry, State: RI, Zip: 02816	City: Coventry, State: RI, Zip: 02816

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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	COMMON	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.

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.

January 19, 2016
Signature of Authorized Representative — Date

DAVID J. GORMAN
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 25 2016
5375

Form No. 630
Revised: 01/2012