



**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.<br><b>139391</b>  |                    | 2. Exact name of the Corporation<br><b>Natural Green Landscaping &amp; Design, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>65 Alaska St</b>   |                    |   | City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 4. Business Phone No.<br><b>401-641-1465</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>  |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Landscape care, maintenance and design</b>                               |                    |   |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                    |                     |
| President Name<br><b>Carlos Pacheco</b>  |                    |   | Vice-President Name<br><b>Enio Pacheco</b>                          |                    |                     |
| Street Address<br><b>56 Fairfield St</b>   |                    |   | Street Address<br><b>56 Fairfield St</b>                            |                    |                     |
| City<br><b>Rehoboth</b>  | State<br><b>MA</b> | Zip<br><b>02769</b>   | City<br><b>Rehoboth</b>   | State<br><b>MA</b> | Zip<br><b>02769</b> |
| Secretary Name<br><b>Arlindo Pacheco</b>   |                    |   | Treasurer Name  |                    |                     |
| Street Address<br><b>65 Alaska St</b>  |                    |   | Street Address  |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>   | City  | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                     |
| Director Name<br><b>N/A</b>  |                    |   | 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) <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           |
|  |                    |   | 8000  | Common             | no par              |

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 CORPORATIONS DIV  
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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

**FILED**  
 FEB 12 2016  
 By 2607495  
 A.A.

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.

Arlindo Pacheco 1-26-16  
 Signature of Authorized Representative Date

**Arlindo Pacheco**  
 Print or Type Name of Authorized Representative