



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 145648		2. Exact name of the Corporation Digger's Landscaping, Inc.			
3. Principal office address 287 Pine Swamp Road		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-475-7088		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of landscaping services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher William Scothon			Vice President Name Alyson Rose Scothon		
Street Address 287 Pine Swamp Road			Street Address 287 Pine Swamp Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Alyson Rose Scothon			Treasurer Name Christopher William Scothon		
Street Address 287 Pine Swamp Road			Street Address 287 Pine Swamp Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher William Scothon			Director Name Alyson Rose Scothon		
Street Address 287 Pine Swamp Road			Street Address 287 Pine Swamp Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
			100	Common	\$0.01

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

Form No. 630
Revised: 01/2012

FILED

FEB 18 2016

BY 16111038

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.

Alyson Rose Scothon
Signature of Authorized Representative
Alyson Rose Scothon

2/15/16
Date

Print or Type Name of Authorized Representative