



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. 108106		2. Exact name of the Corporation Cobble Hill Landscape & Construction, Inc.					
3. Principal office address 32 West Hamden Road		City Cranston	State RI	Zip 02920			
4. Business Phone No. (401) 265-4764		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island To Engage in Construction and Landscape Work							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Cynthia Gartsu		Vice-President Name Jodie Lee Braga					
Street Address 32 West Hamden Road		Street Address 1 Whalen Drive					
City Cranston	State RI	Zip 02920	City Lincoln	State RI	Zip 02865		
Secretary Name Cynthia Gartsu		Treasurer Name Cynthia Gartsu					
Street Address 32 West Hamden Road		Street Address 32 West Hamden Road					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name None		Director Name None					
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
					100	Common	No Par

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 BY _____

FILED

FEB 19 2016

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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 of Authorized Representative

Cynthia Gartsu

Date

2/16/16