



**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. 601574		2. Exact name of the Corporation New England Landscaping, Inc.						
3. Principal office address 15 Cummings Road		City Newport	State RI	Zip 02840				
4. Business Phone No. (401) 418-1236		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island management of properties, general construction & any other legal purpose.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Brad Hierholzer			Vice-President Name Brad Hierholzer					
Street Address 15 Cummings Road			Street Address 15 Cummings Road					
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840			
Secretary Name Brad Hierholzer			Treasurer Name Brad Hierholzer					
Street Address 15 Cummings Road			Street Address 15 Cummings Road					
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
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) <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
						10	common	\$0.00

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 22 2016

BY

KL 11488

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

Date

Brad Hierholzer

Print or Type Name of Authorized Representative