



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. 67352		2. Exact name of the Corporation TED'S LANDSCAPING, INC.			
3. Principal office address 33 Hemlock Road, B5			City Chepachet	State RI	Zip 02814
4. Business Phone No. (401) 568-0505			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island the providing of landscape services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thaddeus F. Bartell			Vice-President Name Thaddeus F. Bartell		
Street Address 33 Hemlock Road, B5			Street Address 33 Hemlock Road, B5		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Dianne M. Bartell			Treasurer Name Dianne M. Bartell		
Street Address 53A Maple Rock Road			Street Address 53A Maple Rock Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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
			200	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.

File Date: _____
 Date: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 21 2016
 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.
Thaddeus F. Bartell 3-18-16
 Signature of Authorized Representative Date
Thaddeus F. Bartell, President
 BY *KL 6222* Printer/Type Name of Authorized Representative