



**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. <b>000319276</b>		2. Exact name of the Corporation <b>LANDSCAPES BY RALPH, INC.</b>	
3. Principal office address <b>12 PINWOOD AVENUE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. Business Phone No. <b>(401) 692-0375</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>LAWN MAINTENANCE</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>RALPH J. MANCHESTER</b>		Vice-President Name <b>NONE</b>	
Street Address <b>12 PINWOOD AVENUE</b>		Street Address	
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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
		1,000	COMMON
			PAR VALUE
			\$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

**FILED** *ov*  
 APR 01 2016  
 2080

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.

*Ralph Manchester* 3/20/16  
 Signature of Authorized Representative Date

**RALPH J. MANCHESTER**

Print or Type Name of Authorized Representative