



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. 129412		2. Exact name of the Corporation WILLIAM FLEMING ASSOCIATES INC.		
3. Principal office address 375 MAIN STREET, STE #3		City STONEHAM	State MASS	Zip 02180
4. Business Phone No. 781-433-3088		5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island LANDSCAPE ARCHITECTURAL				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name WILLIAM JOHN FLEMING		Vice-President Name		
Street Address 375 MAIN STREET, STE #3		Street Address		
City STONEHAM	State MASS	Zip 02180	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name WILLIAM JOHN FLEMING		Director Name		
Street Address 375 MAIN STREET, STE #3		Street Address		
City STONEHAM	State MASS	Zip 02180	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		1,000NPV		

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 CORPORATIONS DIV
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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: _____

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.

FILED

Signature of Authorized Representative: William J. Fleming Date: 12/10/15

FOR SECRETARY OF STATE USE ONLY

MAR 31 2016

Print or Type Name of Authorized Representative: William J. Fleming

By 271518

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