



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 AUG 16 AM 11:31

1. Entity ID Number <u>000642928</u>		2. Exact name of the Corporation <u>M & B's LANG'SCAPING</u>			
3. Principal Office Address <u>128 Northampton street</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
4. Business Phone Number <u>401 465-0885</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Landscaping</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael Lang</u>		Vice-President Name <u>Brian Lang</u>			
Street Address <u>128 Northampton street</u>		Street Address <u>171 Garden City Drive</u>			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u></u>		Treasurer Name <u></u>			
Street Address <u></u>		Street Address <u></u>			
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u></u>		Director Name <u></u>			
Street Address <u></u>		Street Address <u></u>			
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>1000</u>		CLASS/SERIES <u></u>	PAR VALUE <u>0.01</u>
11. 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.					
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.					
Name of Authorized Representative <u>Michael Lang</u>				Date <u>Aug 16 2016</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE	

FILED

AUG 16 2016

By 281428
A.A.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov