



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 2017

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.

RECEIVED STATE
 R.I. DEPT OF STATE
 BUS SVCS DIV
 2016 DEC 15 PM 1:09

1. Entity ID No. 507155		2. Exact name of the Corporation D & D Mulch & Landscaping, Inc.			
3. Principal office address 236 Maple Street		City Bellingham		State MA	Zip 02019
4. Business Phone No. 508-478-1225		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Selling of Bark Mulch and Landscape Products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul Doherty			Vice-President Name Paul Doherty		
Street Address 80 OREGON AVE			Street Address 80 OREGON AVE		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Secretary Name James R. Potter			Treasurer Name Paul Doherty		
Street Address 284 Union Avenue			Street Address 80 OREGON AVE		
City Framingham	State MA	Zip 01702	City Braintree	State MA	Zip 02184
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul Doherty			Director Name		
Street Address 80 OREGON AVE			Street Address		
City Braintree	State MA	Zip 02184	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
			500	Common	\$500

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

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

Print or Type Name of Authorized Representative

FILED

DEC 15 2016

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AA.

12/13/2016