State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

-> Tenaity: Additional \$25.00	iee ii iorm is	not filed by April 1	l.					
1. Entity ID Number	2. Exact name of the Corporation							
89146	Fiu	Five Star Land Scapins Inc						
3. I filicipal Office Address			City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
19 Cushing Street			MX4h	Providence	IN.	03904		
4. NAICS Code	6 Brief des	cription of the char	racter of business co	nducted in Rhode Isla	and	33.01		
81	[Cand	scape mo	intendree.	laws mrs	m bla	Aire		
5. State of Incorporation	Landscape maintenance, Laws moving, planting Pruning etc.							
7 List Al Lofficers (non-sept 1								
7. List ALL officers (names and ad President Name	Vice Breeident N	Check the box to indicate an attachment Vice-President Name						
Adoest Smith			vice-riesident N	vice-riesident Name				
Street Address City Str	Street Address	Street Address						
North Providence	State	Zip Zip	City		State	Zip		
Secretary Name	1 10	0090	Treasurer Name					
Street Address								
			Street Address	Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ac	ldresses)			Check the	box to indicate	e an attachment		
Director Name			Director Name			- an addonnone		
Street Address			Street Address	Street Address				
City	Ctoto	- 1 ₂₁						
	State	Zíp	City		State	Zip		
Director Name			Director Name	<u></u>	<u> </u>			
Street Address			Street Address	Street Address				
City								
i	State	Zip	City	S	State	Zip		
9. Shares Authorized 1		10. Shares Is	sued	Check the	hox to indicate	an attachment		
This information is currently of record in the Department of State.		NUMBER (OF SHARES	CLASS/SERIES	DOX to marcate	PAR VALUE		
Changes require an additional filing.		60	one					
1. This report must be executed on rustee, this report must be executed	behalf of the	corporation by an	authorized represent	ative. If the corporation	on is in the bon	do of a society		
Inder penalty of perjury, I declare statements, and that all statement	e anα aπirm t Es contained	hat i have examin herein are true ar	ed this report, incli	iding any accompai	nying schedul	es and		
lame of Authorized Representative		om aro nao ur	id correct.	ĪD	ate			
Nobert Smith					dulis			
ignature of Authorized Representat	ive		EII		1.11			
1		SIGN DOC	CUMENT HERE	S U				
AIL TO:	LTO: 12 2017							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov