



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.

1. Entity ID Number <b>535436</b>	2. Exact name of the Corporation <b>Hall Landscaping Inc.</b>		
3. Principal Office Address <b>29 Tilden Ave</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. NAICS Code <b>11</b>	6. Brief description of the character of business conducted in Rhode Island <b>Landscaping maintenance.</b>		
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>		
President Name <b>Jonathan Hall</b>			Vice-President Name <b>none</b>					
Street Address <b>29 Tilden Ave</b>			Street Address					
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip			
Secretary Name <b>none</b>			Treasurer Name <b>none</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>		
Director Name <b>none</b>			Director Name <b>none</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name <b>none</b>			Director Name <b>none</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			

9. Shares Authorized <b>none</b>	10. Shares Issued <b>none</b>		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
	<b>0</b>		<b>0/</b>	

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 <b>Jonathan Hall</b>	Date <b>1/20/2017</b>
Signature of Authorized Representative 	<b>FILED</b> <b>JAN 23 2017</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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