



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>88520</b>		2. Exact name of the Corporation <b>Land Planners, Inc.</b>					
3. Principal Office Address <b>9 Benjamin Street</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02818</b>		
4. NAICS Code <b>54 - Professional, Scientific,</b>	6. Brief description of the character of business conducted in Rhode Island <b>Surveying, engineering and drafting services.</b>						
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Pamela L. Bzdyra</b>			Vice-President Name <b>Richard T. Bzdyra</b>				
Street Address <b>9 Benjamin Street</b>			Street Address <b>9 Benjamin Street</b>				
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>		
Secretary Name <b>Pamela L. Bzdyra</b>			Treasurer Name <b>Richard T. Bzdyra</b>				
Street Address <b>9 Benjamin Street</b>			Street Address <b>9 Benjamin Street</b>				
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02818</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>None</b>			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			200			Common	None
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. <b>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.</b>							
Name of Authorized Representative <b>Pamela L. Bzdyra</b>					Date <b>1/30/17</b>		
Signature of Authorized Representative 							

FILED

## MAIL TO:

Division of Business Services

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

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