



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.

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| 1. Entity ID Number 145648 | | 2. Exact name of the Corporation Digger's Landscaping, Inc. | | | |
| 3. Principal Office Address 287 Pine Swamp Road | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island Operation of landscaping services | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Christopher William Scothon | | | Vice-President Name Alyson Rose Scothon | | |
| Street Address 287 Pine Swamp Road | | | Street Address 287 Pine Swamp Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Alyson Rose Scothon | | | Treasurer Name Christopher William Scothon | | |
| Street Address 287 Pine Swamp Road | | | Street Address 287 Pine Swamp Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Christopher William Scothon | | | Director Name Alyson Rose Scothon | | |
| Street Address 287 Pine Swamp Road | | | Street Address 287 Pine Swamp Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common | \$0.01 |
| | | | | | |
| 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 Christopher William Scothon | | | | | Date 2/21/17 |
| Signature of Authorized Representative | | | | | FILE FEB 23 2017 |