RI SOS Filing Number: 201734930290 Date: 2/24/2017 4:00:00 PM

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	2. Exact name of the Corporation
17904	NORTHERN LANDSCAPE CORP.

3. Principal Office Address	City	State	Zip
601 PUTNAM PIKE	CHEPACHET	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	GENERAL LANDSCAPE BUSINESS AND ANY LAWFUL BUSINESS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: THOMAS J. CONDON, JR.			Vice-President Name: THOMAS J. CONDON, III		
Street Address: 601 PUTNAM PIKE			Street Address: 123 SPRING GROVE ROAD		
City: CHEPACHET	State: RI	Zip: 02814	City: CHEPACHET	State: RI	Zip: 02814
Secretary Name: THOMAS J. CONDON, JR.			Treasurer Name: SEAN P. CONDON		
Street Address: 601 PUTNAM PIKE			Street Address: 688 DURFEE HILL ROAD		
City: CHEPACHET	State: RI	Zip:	City: CHEPACHET	State: RI	Zip: 02814

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: THOMAS J. CONDON, JR.			Director Name:		
Street Address: 601 PUTNAM PIKE			Street Address:		
City: CHEPACHET	State: RI	Zip: 02814	City:	State:	Zip:
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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	Date
THOMAS J. CONDON, JR.	2-15-17

Signature of Authorized Representative: Thomas J. Condon Jr.

FILED

FEB 24 2017

BY 2135

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

FORM 630 - Revised: 10/2016