



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

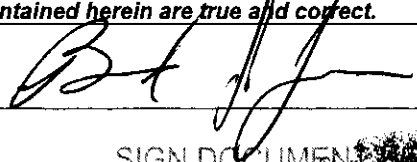
Annual Report for the year: 2017

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 137574		2. Exact name of the Corporation Bernie's Landscaping and Design, Inc.			
3. Principal Office Address 45 Holland Avenue		City East Providence	State RI	Zip 02915	
4. Business Phone Number 401-433-2888		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island the design, installation, landscaping, maintenance, care and cultivation of plants, grass, trees, tree beds, shrubs and					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernard J. Lamarre			Vice-President Name Bernard J. Lamarre		
Street Address 45 Holland Avenue			Street Address 45 Holland Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Bernard J. Lamarre			Treasurer Name Bernard J. Lamarre		
Street Address 45 Holland Avenue			Street Address 45 Holland Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bernard J. Lamarre			Director Name		
Street Address 45 Holland Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		
			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 Bernard J. Lamarre, President					Date 1/9/2017
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 06 2017

BY

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Form 630 - Revised: 05/2016