



State of Rhode Island and Providence Plantations

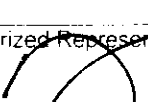
Department of State - Business Services Division

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 601574		2. Exact name of the Corporation New England Landscaping, Inc.												
3. Principal Office Address 141 Peckham Avenue			City Middletown	State RI	Zip 02842									
4. Business Phone Number: 401-418-1236		6. Brief description of the character of business conducted in Rhode Island Management of Properties and General Construction												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Brad Hierholzer			Vice-President Name Brad Hierholzer											
Street Address 141 Peckham Avenue			Street Address 141 Peckham Ave.											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02840									
Secretary Name Brad Hierholzer			Treasurer Name Brad Hierholzer											
Street Address 141 Peckham Ave.			Street Address 141 Peckham Ave.											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02840									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			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 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Common</td> <td>\$0.0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Common	\$0.0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
10	Common	\$0.0												
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 Brad Hierholzer				Date Jan. 31 2017										
Signature of Authorized Representative 														

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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