



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>127363</b>		2. Exact name of the Corporation <b>MEB LANDSCAPING, INC.</b>												
3. Principal Office Address <b>3560 QUAKER LANE</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>									
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL LANDSCAPING CONTRACTOR</b>												
5. State of Incorporation <b>RHODE ISLAND</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>MATTHEW BRADSHAW</b>			Vice-President Name <b>MARK BRADSHAW</b>											
Street Address <b>3560 QUAKER LANE</b>			Street Address <b>3560 QUAKER LANE</b>											
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>									
Secretary Name			Treasurer Name <b>MATTHEW BRADSHAW</b>											
Street Address			Street Address <b>3560 QUAKER LANE</b>											
City	State	Zip	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</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>MATTHEW BRADSHAW</b>			Director Name											
Street Address <b>3560 QUAKER LANE</b>			Street Address											
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	COMMON	NO PAR VALUE												
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>MATTHEW BRADSHAW</b>					Date <b>3/8/17</b>									
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

**FILED**  
 MAR 15 2017

BY

**8098 DS**