

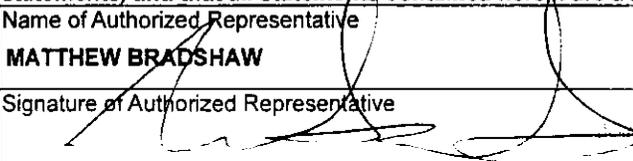


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 127363		2. Exact name of the Corporation MEB LANDSCAPING, INC.			
3. Principal Office Address 3560 QUAKER LANE			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island GENERAL LANDSCAPING CONTRACTOR			
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 MATTHEW BRADSHAW			Vice-President Name MARK BRADSHAW		
Street Address 3560 QUAKER LANE			Street Address 3560 QUAKER LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name			Treasurer Name MATTHEW BRADSHAW		
Street Address			Street Address 3560 QUAKER LANE		
City	State	Zip	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MATTHEW BRADSHAW			Director Name		
Street Address 3560 QUAKER LANE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100		COMMON
			PAR VALUE		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.					
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 MATTHEW BRADSHAW					Date 3/8/17
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**