RI SOS Filing Number: 201743316290 Date: 5/18/2017 4:00:00 PM

Annual Report for the	vear: coa-		Division			•	
Corporation	year: 2017						
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		not filed by April 1.			J		
1. Entity ID Number 000319276		2. Exact name of the Corporation LANDSCAPES BY RALPH, INC					
3. Principal Office Address 12 PINEWOOD AVENUE	•		City JOHNSTON		State RI	'	
4. NAICS Code 5. State of Incorporation RHODE ISLAND		cription of the chara AINTENANCE	cter of business of	conducted in Rhode	Island		
7. List ALL officers (names and	addresses)		IV Di4		the box to	indicate an attachn	ent
President Name RALPH J. MANCHESTER			Vice-President Name NONE				
Street Address 12 PINEWOOD AVENUE			Street Address				
City JOHNSTON	State _{RI}	^{Ζιρ} 02919	City		State	Zip	
Secretary Name NONE			Treasurer Name NONE				
Street Address	- The state of the		Street Address	5			
City	State	Zip	City		State	Zıp	
List ALL directors (names and addresses)					the box to	indicate an attachn	ent
Director Name NONE			Director Name	•			
Street Address			Street Address	•			
City	State	Zip	City	···· / / · · · · · · · · · · · · · · ·	State	Ζŧρ	***
Director Name			Director Name	!			
Street Address			Street Address	<u> </u>			-
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is:				ndicate an attachm	ent L
This information is currently of record in the Department of State.		1,000	F SHARES	CLAGS SERIE	:s	\$0.01	
Changes require an additional fili	ng.	1,000		- COMMICIT	<u></u>	\$0.01	
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in	the hands of a rece	iver or
trustee, this report must be exec Under penalty of perjury, I dec statements, and that all states	clare and affirm ments contained	that I have examin	ed this report, in	ustee. ncluding any accor	mpanying s	chedules and	
Name of Authorized Representative Ralph Manche Ster				5/5/(7			
· · · · · · · · · · · · · · · · · ·	entative	4			, ,		
Signature of Authorized Repres		η i ~~/ i —					
<u> </u>	mana	wit	FIII	<u> </u>		7-8-4-	

Phone: (401) 222-3040 Website: www.sos.ri.gov 91 _____0100