



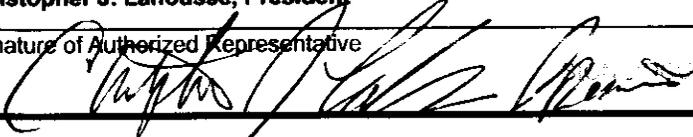
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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 BUS SVCS DIV

2017 JUN 21 PM 2:39

1. Entity ID Number 91831		2. Exact name of the Corporation FOUR SEASONS LANDSCAPING, INC.			
3. Principal Office Address 17 Jenckes Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General landscaping and construction			
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 Christopher J. Lahousse			Vice-President Name		
Street Address 17 Jenckes Rjoad			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Robert L. Simmons			Treasurer Name Chistopher J. Lahousse		
Street Address 10 Nate Whipple Highway, P.O. Box 7366			Street Address 17 Jenckes Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher J. Lahousse			Director Name		
Street Address 17 Jenckes Road			Street Address		
City Cumberland	State RI	Zip 02864	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		PAR VALUE
			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. 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 Christopher J. Lahousse, President				Date February 25, 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

FILED
 JUN 21 2017
 BY *AK* 306537