



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

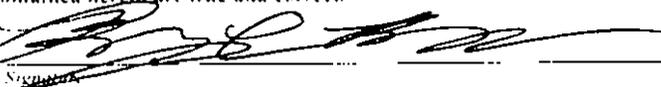
ANNUAL REPORT FOR THE YEAR 2018
Corporation

- Filing Period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1 Corporate ID No. 001677169		2 Name of Corporation Backyard Creations, Inc.			
3 Street Address (Principal Business Office) 205 Barbs Hill Road			City Greene	State RI	Zip 02827
4 NAICS Code 561730		5 State of Incorporation Rhode Island			
6 Brief Description of the Character of Business Conducted in Rhode Island Construction and all lawful business purposes					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Benjamin C. Blue			Vice President Name		
Street Address 205 Barbs Hill Road			Street Address		
City Greene	State RI	Zip 02827	City	State	Zip
Secretary Name Benjamin C. Blue			Treasurer Name Benjamin C. Blue		
Street Address 205 Barbs Hill Road			Street Address 205 Barbs Hill Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			100 common shares \$.01 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.

 President 1-12-18
Date

Benjamin C. Blue
Print or Type Name

President
Title

FILED

MAR 01 2018

BY S072 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov