RI SOS Filing Number: 201859699230 Date: 3/2/2018 4:00:00 PM

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. Entity ID Number	2. Exact name of the Corporation
111469	LARLHAM LANDSCAPE CONSTRUCTION CO. INC.

3. Principal Office Address	City	State	Zip
3945 Old Post Road	Charlestown	RI	02813

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541320	Landscape design, construction and maintenance.
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Matthew C. Larlham	None
Street Address: 3945 Old Post Road	Street Address:
City: Charlestown / State: RI / Zip: 02813	City: / State: / Zip:
Secretary Name: Matthew C. Larlham	Treasurer Name: Matthew C. Larlham
Street Address: 3945 Old Post Road	Street Address: 3945 Old Post Road
City: Charlestown / State: RI / Zip: 02813	City: Charlestown / State: RI / Zip: 02813

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Matthew C. Larlham	
Street Address: 3945 Old Post Road	Street Address:
City: Charlestown / State: RI / Zip: 02813	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No par

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	Date
Matthew C. Larlham	2-26, 2018

Signature of Authorized Representative

FILED
MAR 02 2018
BY 17397

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

FORM 630 - Revised: 10/2017