



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

**Annual Report for the year: 2019**

**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 <b>127363</b>		2. Exact name of the Corporation <b>MEB LANDSCAPING, INC.</b>			
3. Principal Office Address <b>3560 QUAKER LANE</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>213112</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL LANDSCAPING CONTRACTOR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MATTHEW BRADSHAW</b>			Vice-President Name <b>MARK BRADSHAW</b>		
Street Address <b>3560 QUAKER LANE</b>			Street Address <b>3560 QUAKER LANE</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name			Treasurer Name <b>MATTHEW BRADSHAW</b>		
Street Address			Street Address <b>3560 QUAKER LANE</b>		
City	State	Zip	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MATTHEW BRADSHAW</b>			Director Name		
Street Address <b>3560 QUAKER LANE</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</b>
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. <i>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.</i>					
Name of Authorized Representative <b>MATTHEW BRADSHAW</b>				Date <b>1/29/19</b>	
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**  
**FEB 06 2019**

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FORM 630 - Revised: 02/2017