



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.

 2019 MAY 21 AM 10:23
 RECEIVED
 CORPORATE
 DIVISION

1. Entity ID Number 001658570		2. Exact name of the Corporation Live Earth New England, Inc.			
3. Principal Office Address 76 Rocky Hill Road			City Rehoboth	State MA	Zip 02769
4. NAICS Code 541320	6. Brief description of the character of business conducted in Rhode Island Landscaping				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Dalpe			Vice-President Name David M. Czech		
Street Address 54 Pond Street			Street Address 59 Winthrop Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Beth Czech			Treasurer Name Tracy A. Dalpe		
Street Address 59 Winthrop Street			Street Address 54 Pond Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Dalpe			Director Name David Czech		
Street Address as above			Street Address as above		
City	State	Zip	City	State	Zip
Director Name Beth Czech			Director Name Tracy A. Dalpe		
Street Address as above			Street Address as above		
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		
			CLASS/SERIES		
			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 Scott Dalpe					Date 1/29/2017
Signature of Authorized Representative <i>Scott Dalpe</i>					

SIGN DOCUMENT HERE **FILED**
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