



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 08 2020

BY

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1. Entity ID Number <u>000010751</u>		2. Exact name of the Corporation <u>EARTH SHAPE, INC.</u>	
3. Principal Office Address <u>6 CIRCLEWOOD DRIVE</u>		City <u>COVENTRY</u>	State <u>RI</u>
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>LANDSCAPE DESIGN, CONSTRUCTION AND MAINTENANCE</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>FRANKLIN R. ARTS</u>		Vice-President Name <u>KARON ARTS</u>	
Street Address <u>6 CIRCLEWOOD DRIVE</u>		Street Address <u>SAME</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Secretary Name <u>KENNETH A. JOHNSON ESQ.</u>		Treasurer Name <u>KARON ARTS</u>	
Street Address <u>477 YORK ST</u>		Street Address <u>SAME</u>	
City <u>CANTON</u>	State <u>MA</u>	City <u>CANTON</u>	State <u>MA</u>
Zip <u>02021</u>		Zip <u>02021</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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. <u>8000</u>		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>8000</u>	
		<u>C</u>	
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 <u>FRANKLIN R. ARTS</u>		Date <u>12-30-19</u>	
Signature of Authorized Representative 			