

AMENDED



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17960		2. Name of Corporation LANDSCAPING SERVICES, INC.	
3. Street Address Principal Business Office 700 Wood St.		City Bristol	State RI
		Zip 02809	
4. Business Phone No. 401-253-6225		5. State of Incorporation Rhode Island	
		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island Landscape Construction and Maintenance			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Marjorie Daponte		Vice President Name Seraphin J. Daponte	
Street Address 65 Varnum Ave		Street Address 40 Varnum Ave.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Michael Daponte		Treasurer Name Seraphin J. Daponte	
Street Address 134 High St.		Street Address 40 Varnum Ave.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Marjorie Daponte		Director Name Michael Daponte	
Street Address 65 Varnum Ave.		Street Address 134 High St.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name Seraphin J. Daponte		Director Name	
Street Address 40 Varnum Ave.		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 Shares No Par Value.			30	Class A	No Par
			2,970	Class B	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 6/19/98 PAID
Check No.: JUN 19 1998
By: SECRETARY OF STATE
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Seraphin J. Daponte Date: _____
Print or Type Name of Officer: Seraphin J. Daponte
Title of Officer: Vice President

