



State of Rhode Island

Department of State - Business Services Division

STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

MAR 14 11:59

1. Entity ID Number 001677169		2. Exact name of the Corporation Backyard Creations, Inc.			
3. Principal Office Address 205 Barbs Hill Road			City Greene	State RI	Zip 02827
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Construction and all lawful business purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Benjamin C. Blue			Vice-President Name		
Street Address 205 Barbs Hill Road			Street Address		
City Greene	State RI	Zip 02827	City	State	Zip
Secretary Name Benjamin C. Blue			Treasurer Name Benjamin C. Blue		
Street Address 205 Barbs Hill Road			Street Address 205 Barbs Hill Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100 Common with 0.01 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.					
<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 Benjamin C. Blue				Date 2/7/23	
Signature of Authorized Representative 				FILED	

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

MAR 14 2023
 BY ML 9604D