



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 60235		2. Exact name of the Corporation GRAPEVINE LANDSCAPE SERVICE, INC.			
3. Principal office address 520 GREENVILLE ROAD		City NORTH SMITHFIELD		State RI	Zip 02896
4. Business Phone No. 401-762-4733		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island LANDSCAPING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL A. PASQUARIELLO II			Vice-President Name NICOLE LEMIEUX		
Street Address 520 GREENVILLE ROAD			Street Address 25 BUCKLEY DRIVE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH PROVIDENCE	State RI	Zip 02896
Secretary Name MARIANN PASQUARIELLO			Treasurer Name PAUL A. PASQUARIELLO II		
Street Address 520 GREENVILLE ROAD			Street Address 520 GREENVILLE ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	COMMON	NONE

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Signature of Authorized Representative

Date

PAUL A. PASQUARIELLO II

Print or Type Name of Authorized Representative

BY

23-225457