



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 2015

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. 56841		2. Exact name of the Corporation MONTELLA'S LANDSCAPING INC	
3. Principal office address 260 AQUEDUCT ROAD		City CRANSTON	State RI
		Zip 02910	
4. Business Phone No. (401)		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT SERVICES			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name JOSEPH MOSKAL		Vice-President Name JOSEPH MOSKAL	
Street Address 260 AQUEDUCT RD		Street Address 260 AQUEDUCT RD	
City CRANSTON	State RI	Zip 02910	City CRANSTON
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address " " "		Street Address " " "	
City " "	State "	Zip "	City " "
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐		9. SHARES AUTHORIZED	
Director Name NONE		NUMBER OF SHARES 700	
Street Address		CLASS/SERIES COM	
City	State	Zip	PAR VALUE NO PAR
Director Name			
Street Address			
City	State	Zip	
Director Name			
Street Address			
City	State	Zip	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.			

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

FILED

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
JOSEPH MOSKAL

Date
2/24/15

Print or Type Name of Authorized Representative

MAR 02 2015

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