RI SOS Filing Number: 201691225130 Date: 01/25/2016 4:00 PM

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 2016

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.	2. Exact name of the Corporation
82973	Superior Lawn Maintenance, Inc.

3. Principal office address	City	State	Zip
12 Shun Pike	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation
401-946-6050	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To own, operate and maintain a business for the purpose of landscaping and gardening, including the maintenance of lawns and shrubs.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Keith A. DiPetrillo	Scott D. Hesford
Street Address: 12 Shun Pike	Street Address: 12 Shun Pike
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Secretary Name: Scott D. Hesford	Treasurer Name: Keith A. DiPetrillo
Street Address: 12 Shun Pike	Street Address: 12 Shun Pike
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Scott D. Hesford	Keith A. DiPetrillo
Street Address: 12 Shun Pike	Street Address: 12 Shun Pike
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	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

FILED
JAN 25 2016
BY 17429

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.

Keith A. DiPetrillo, Pres
Signature of Authorized Representative / Date

Keith A. DiPetrillo, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
131548-16-1102181