



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. <b>5052</b>		2. Exact name of the Corporation <b>LAWNCARE, INC.</b>			
3. Principal office address <b>2423 PLAINFIELD PIKE</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-946-5456</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>LANDSCAPING</b>					
<b>President Name</b> <b>DAVID SOUSA</b>					
<b>Vice-President Name</b> <b>ANN SOUSA</b>					
<b>Street Address</b> <b>2423 PLAINFIELD PIKE</b>					
<b>City</b> <b>JOHNSTON</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02919</b>	<b>City</b> <b>JOHNSTON</b>	
<b>Secretary Name</b> <b>ANN SOUSA</b>		<b>Treasurer Name</b> <b>ANN SOUSA</b>			
<b>Street Address</b> <b>2423 PLAINFIELD PIKE</b>					
<b>City</b> <b>JOHNSTON</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02919</b>	<b>City</b> <b>JOHNSTON</b>	
<b>Director Name</b> <b>NONE</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>City</b>	
<b>Director Name</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>City</b>	
<b>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.</b>					
<b>NUMBER OF SHARES</b>		<b>CLASS/SERIES</b>		<b>PAR VALUE</b>	
<b>100</b>		<b>COMMON</b>		<b>NONE</b>	

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.

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.

*David Sousa*  
Signature of Authorized Representative

Date

**DAVID SOUSA, PRESIDENT**

Print or Type Name of Authorized Representative

JAN 29 2016

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