

Form No. 630 Revised: 01/2012

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

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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 Dave's Lawn Care Service, Inc. 45927 3. Principal office address State 2800 Warwick Avenue Warwick 02889 RI 4. Business Phone No. 5. State of Incorporation 401-732-2353 Rhode Island 6. Brief description of the character of business conducted in Rhode Island Landscaping, gardening, supply operations, retail or wholesale. 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name David W. Salois Roberta A. Salois Street Address Street Address 2800 Warwick Avenue 2800 Warwick Avenue City State Zip State Zip **Warwick** RI 02889 Warwick 02889 RI Secretary Name Treasurer Name David W. Salois Roberta A. Salois Street Address Street Address 2800 Warwick Avenue 2800 Warwick Avenue City State City Zip State Warwick 02889 02889 RI Warwick RI 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name David W. Salois None Street Address Street Address 2800 Warwick Avenue City State State Zip Zip Warwick 02889 RI Director Name Director Name None None Street Address Street Adaress City State Zip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Office of the Secretary No Par Value 400 Common 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. 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 free and correct. **File Date** Check No ___ FILED 2 U. Signature of Authorized Representative David W. Salois FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative