



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. <u>000007828</u>		2. Exact name of the Corporation <u>Sylo Landscape and Construction Co. Inc.</u>		
3. Principal office address <u>210 Lombard Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02919</u>
4. Business Phone No. <u>401-942-4621</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>All aspects of excavating, drainage, site preparation and related matters</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Ungar Sylo</u>		Vice-President Name <u>Scott Sylo</u>		
Street Address <u>31 Debbie Dr.</u>		Street Address <u>31 Debbie Dr.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name <u>Ungar Sylo</u>		Treasurer Name <u>Ungar Sylo</u>		
Street Address <u>31 Debbie Dr.</u>		Street Address <u>31 Debbie Dr.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Providence</u>	State <u>RI</u>
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <u>500</u>		CLASS/SERIES <u>STK</u>		PAR VALUE <u>\$ .00</u>

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

FILED

MAR 24 2016

BY

8792

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

3/21/2016  
Date

Print or Type Name of Authorized Representative  
Ungar Sylo, President