



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 SEP 20 PM 3:43

1. Entity ID Number <u>93990</u>		2. Exact name of the Corporation <u>WAYSIDE LANDSCAPING INC.</u>			
3. Principal Office Address <u>1155 MAPLE VALLEY RD</u>		City <u>COVENTRY</u>		State <u>RI</u>	Zip <u>02827</u>
4. Business Phone Number <u>401-821-5225</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>TO PERFORM ALL ASPECTS OF LANDSCAPE MAINTENANCE + CONSTRUCTION</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>CHRISTOPHER M DeJOSEPH</u>		Vice-President Name			
Street Address <u>1155 MAPLE VALLEY RD</u>		Street Address			
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02827</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		<u>0</u>			
		<u>0</u>			
11. 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.					
Name of Authorized Representative <u>CHRISTOPHER M DeJOSEPH</u>					Date <u>9/20/16</u>
Signature of Authorized Representative <u>[Signature]</u>					SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 20 2016

BY CA 283991