



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 42871		2. Exact name of the Corporation Quality Landscape Services, Inc.			
3. Principal Office Address P.O. Box 36		City Kingston	State RI	Zip 02881	
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)	6. Brief description of the character of business conducted in Rhode Island Landscaping and property maintenance				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William A. Mauran			Vice-President Name		
Street Address P.O. Box 36			Street Address		
City Kingston	State RI	Zip 02881	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 William A. Mauran			Director Name		
Street Address P.O. Box 36			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
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 Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	No Par
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 PAUL SARZA, CPA					Date 1/11/17
Signature of Authorized Representative <i>Paul Sarza</i>					

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

FILED
JAN 17 2017
BY 1068 DS

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