



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 2017

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. 133197		2. Exact name of the Corporation The Green Wizard Landscaping		
3. Principal office address 63 Lafayette St		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-232-5043		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Landscaping Grass cutting				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Dan Patrick		Vice-President Name Dan Patrick		
Street Address 63 Lafayette St		Street Address 63 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Dan Patrick		Treasurer Name Dan Patrick		
Street Address 63 Lafayette St		Street Address 63 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Dan Patrick		Director Name Dan Patrick		
Street Address 63 Lafayette St		Street Address 63 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Director Name Dan Patrick		Director Name Dan Patrick		
Street Address 63 Lafayette St		Street Address 63 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI
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	CLASS/SERIES	PAR VALUE
		1000	Common	None

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

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.

Dan Patrick 1/12/17
 Signature of Authorized Representative Date

Dan Patrick
 Print or Type Name of Authorized Representative

FILED

JAN 17 2017

BY **418 DS**