



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. 12825		2. Exact name of the Corporation PASCALE LANDSCAPE CONSTRUCTION, INC.			
3. Principal office address 39 OLD MENDON ROAD		City CUMBERLAND		State RI	Zip 02864
4. Business Phone No. 401-334-2700		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island EXCAVATING, LANDSCAPING AND LANDSCAPE MATERIAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH A. PASCALE			Vice-President Name GARY T. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name KENNETH A. PASCALE			Treasurer Name KENNETH A. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KENNETH A. PASCALE			Director Name GARY T. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			283	COMMON	NO PAR VALUE

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.

FILED

JAN 20 2017

Kenneth A. Pascale 1/6/2017
Signature of Authorized Representative Date

KENNETH A. PASCALE

Print or Type Name of Authorized Representative

BY 2790
KM