

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

2017

1, Entity ID No.	2. Exact nar	ne of the Corporation				
82973	1	or Lawn Maintena	nce. Inc.			
			- ,			
3. Principal office address 12 Shun Pike			City Johnston	and gardening, including the State RI Zip 02919 State RI Zip 02919	Zip 02919	
4, Business Phone No. 401-946-6050	-6050			5. State of Incorporation Rhode Island		
Brief description of the charac						
maintenance of lawns a			ise of landscaping	and gardening, inc	cluaing the	
LET ALL OFFICERS (NAME	S AND ADDF	ESSES) ("X" BOX FOR AT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	246,	
President Name Keith A. DiPetrillo	esident Name Keith A. DiPetrillo			Vice-President Name Scott D. Hesford		
Street Address 12 Shun Pike			Street Address 12 Shun Pike			
City Johnsto n	State RI	Zip 02919	City Johnston			
Secretary Name Scott D. Hesford	•		Treasurer Name Keith A. DiPetri	llo	D	
Street Address 12 Shun Pike			Street Address 12 Shun Pike			
City	State	Žip 02040	City			
Johnston	RI	02919	Johnston	NI	02919	
RELIST ALL DIRECTORS (NAM Director Name	IES AND ADI	RESSES) ("X" BOX FOR A	Director Name			
Scott D. Hesford			Keith A. DiPetrillo			
rreet Address 12 Shun Pike			Street Address 12 Shun Pike			
Dity Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919	
Director Name		-	Director Name		100-00	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT) 🗆 😘	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of f State. Changes require an ac iee Section 9 of instruction sh	ditional filing		600	COMMON NON		
This report must be executed or		corporation by an authorize st be executed on behalf of			of a receiver or trust	
File Date	Over de Gerei ek de de de ek de de de	o. Do executed on Denan or	Under penalty of pe this report, including and that all stateme	erjury, I declare and affir ng any accompanying se ents coptained hecein ar	chedules and staten	
Check No			151101	$\alpha \propto 10$	17:711	

File Date	934 412 181	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements coptained herein are true and correct.		
Check No	<u> 4</u> %	Kotter St. 10	1/:2//7	
Ву:	- FILED	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE O		Keith A. DiPetrillo, President		
	JAN 25 2017	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012