RI SOS Filing Number: 201733667610 Date: 02/06/2017 4:00 PM

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	2. Exact name of the Corporation			
70833	**K. Wilcox Landscaping, Inc.**			
3. Principal Office Address		City	State	Zip
620 Hopkins Hill Road		**West Greenwich**	**RI**	**02817**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	**General landscaping and construction.**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Kurt A. Wilcox**			Vice-President Name **Lisa Wilcox**		
Street Address **620 Hopkins Hill Road**			Street Address **620 Hopkins Hill Road**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**
Secretary Name **Lisa Wilcox**			Treasurer Name **Kurt A. Wilcox**		
Street Address **620 Hopkins Hill Road**			Street Address **620 Hopkins Hill Road**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Kurt A. Wilcox**			Director Name **Lisa Wilcox**		
Street Address **620 Hopkins Hill Road**			Street Address **620 Hopkins Hill Road**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**1,000**	**Common**	**No Par**
Changes require an additional filing.			

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	Date
Kurt A. Wilcox	1/28/17

Signature of Authorized Representative: Kurt A. Wilcox

FILED
FEB 06 2017
BY

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

148992-13-1187838

FORM 630 - Revised: 10/2016