



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 146449		2. Exact name of the Corporation SUTHERLAND'S ORGANIC SOLUTIONS, INC.												
3. Principal Office Address 2308 HARTFORD AVENUE		City JOHNSTON		State RI	Zip 02919									
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island LAWN CARE												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name DANNY SUTHERLAND			Vice-President Name IDIS FULLER											
Street Address 2308 HARTFORD AVENUE			Street Address 2308 HARTFORD AVENUE											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
Secretary Name NATALIE FULLER			Treasurer Name DANNY SUTHERLAND											
Street Address 2308 HARTFORD AVENUE			Street Address 2308 HARTFORD AVENUE											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name DANNY SUTHERLAND			Director Name IDIS FULLER											
Street Address 2308 HARTFORD AVENUE			Street Address 2308 HARTFORD AVENUE											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
Director Name NATALIE FULLER			Director Name											
Street Address 2308 HARTFORD AVENUE			Street Address											
City JOHNSTON	State RI	Zip 02919	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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>10</td><td>COMMON</td><td>NONE</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	COMMON	NONE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
10	COMMON	NONE												
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. <i>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.</i>														
Name of Authorized Representative DANNY SUTHERLAND, PRESIDENT			Date 2/7/17											
Signature of Authorized Representative 			FILED FEB 13 2017											

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

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