



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 306054		2. Exact name of the Corporation Mulch 'N More, Inc.			
3. Principal Office Address 17 Reservoir Road		City Coventry		State RI	Zip 02816
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island To engage in the general landscape services				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Baird			Vice-President Name Michael Baird		
Street Address 17 Reservoir Road			Street Address 17 Reservoir Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Michael Baird			Treasurer Name Michael Baird		
Street Address 17 Reservoir Road			Street Address 17 Reservoir Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Baird			Director Name		
Street Address 17 Reservoir Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	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. 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 Michael Baird, President			FILED Date 2/7/17		
Signature of Authorized Representative 			FEB 15 2017 		
SIGN DOCUMENT HERE					

MAIL TO:
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Website: www.sos.ri.gov

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