

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 942 41		2. Exact name of the Corporation ALL GREEN LANDSCAPING INC.			
3. Principal Office Address 19 LINCOLN AVE.			City PAWTUCKET	State R.I	Zip 02861
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island LANDSCAPING				
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 JOSEPH MCINTYRE			Vice-President Name JOSEPH MCINTYRE		
Street Address 19 LINCOLN AVE			Street Address 19 LINCOLN AVE.		
City PAWTUCKET	State R.I	Zip 02861	City PAWTUCKET	State R.I	Zip 02861
Secretary Name JOSEPH MCINTYRE			Treasurer Name JOSEPH MCINTYRE		
Street Address 19 LINCOLN AVE.			Street Address 19 LINCOLN AVE.		
City PAWTUCKET	State R.I	Zip 02861	City PAWTUCKET	State R.I	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH MCINTYRE			Director Name		
Street Address 19 LINCOLN AVE.			Street Address		
City PAWTUCKET	State R.I	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1,000 NO PAR VALUE			10. Shares Issued 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.			NUMBER OF SHARES 1,000	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 Joseph R. McIntyre				Date 2-12-2017	
Signature of Authorized Representative					

FILED

FEB 15 2017

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