



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 18445		2. Exact name of the Corporation THE LAWN BEAUTICIAN'S, INC.			
3. Principal Office Address 400 Aqueduct Road		City Cranston		State RI	Zip 02910
4. NAICS Code 11 - Agriculture, Forestry, Fi	6. Brief description of the character of business conducted in Rhode Island Landscape business				
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 Alan Muoio			Vice-President Name David A. Muoio		
Street Address 60 Deerfield Road			Street Address 95 Basil Crossing		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name David A. Muoio			Treasurer Name Alan Muoio		
Street Address 95 Basil Crossing			Street Address 60 Deerfield Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 800		CLASS/SERIES common		PAR VALUE no par	
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 Alan Muoio					Date 2/15/17
Signature of Authorized Representative <i>Alan Muoio</i>					
SIGN DOCUMENT HERE					

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

BY

FILED
FEB 21 2017

FORM 630 - Revised: 10/2016