RI SOS Filing Number: 201734920660 Date: 2/27/2017 10:55:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 FEB 27 AM 10: 54

Annual Report for the year: 2016
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			
823601	Fine Line Landscaping Incorporated			
3. Principal Office Address		City	State	Zip
240 Mendon Rd Cumberland		Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81				
5. State of Incorporation	Landscaping			
RI				

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

President Name: Ryan Mitchell			Vice-President Name		
Street Address: 50 Paine Rd			Street Address		
City: Foster	State: RI	Zip: 02825	City	State	Zip
Secretary Name: Christopher Lawton			Treasurer Name: Steven M. Lawton		
Street Address: 32 Foster Center Rd			Street Address: 32 Foster Center Rd		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825

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

Director Name			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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0		0.01

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: Sara Bourget — Date: 2/27/17

Signature of Authorized Representative: Sara Bourget

FILED
FEB 27 2017
BY 296799
AT 10:55 A.M.

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

FORM 630 - Revised: 02/2017