



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 42364		2. Exact name of the Corporation Hattoy Landscaping, Inc.			
3. Principal Office Address 315 Blackrock Road			City Coventry	State RI	Zip 02816
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island retail and wholesale landscaping nursery 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 Denise M. Hattoy			Vice-President Name Mark E. Hattoy		
Street Address 315 Blackrock Road			Street Address 315 Blackrock Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Denise M. Hattoy			Treasurer Name Mark E. Hattoy		
Street Address 315 Blackrock Road			Street Address 315 Blackrock 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 Denise M. Hattoy			Director Name Mark E. Hattoy		
Street Address 315 Blackrock Road			Street Address 315 Blackrock Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Denise M. Hattoy					Date 2-23-17
Signature of Authorized Representative <i>Denise M. Hattoy</i>					

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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FORM 630 - Revised: 02/2017