



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 59516		2. Exact name of the Corporation MATARESE LANDSCAPE CONSTRUCTION INC.			
3. Principal office address 66 VILLAGE AVE.		City CRANSTON	State R.I.	Zip 02920	
4. Business Phone No. 401-944-9334		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island LANDSCAPE CONSTRUCTION, MAINTENANCE AND SNOW PLOWING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name ANTHONY MATARESE JR.			Vice-President Name SAME		
Street Address 66 VILLAGE AVE.			Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMM. NO	NO
				PAR VALVE	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Anthony Matarese Jr.* 2-28-17  
 Signature of Authorized Representative Date

ANTHONY MATARESE JR.  
 Print or Type Name of Authorized Representative

**FILED**

MAR 06 2017

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