



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

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 Matrese Jr. 2-28-17  
Signature of Authorized Representative Date

ANTHONY MATARESE JR.  
Print or Type Name of Authorized Representative

**FILED**

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