



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 17559		2. Exact name of the Corporation E F McGovern Landscaping, Inc.			
3. Principal Office Address 40 Tern Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping construction, Lawn care, & Home maintenance.			
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 Carol McGovern			Vice-President Name Edmund McGovern		
Street Address 40 Tern Road			Street Address 40 Tern Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Carol McGovern			Treasurer Name Carol McGovern		
Street Address 40 Tern Road			Street Address 40 Tern Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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 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 CLASS/SERIES PAR VALUE		
			300 0.		
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 <i>Carol McGovern</i>					Date 8-28-2017
Signature of Authorized Representative					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 30 2017

2947 DS

FORM 630 - Revised: 02/2017