



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 <b>68537</b>		2. Exact name of the Corporation <b>Manuello Lawn Landscaping Inc (561730)</b>	
3. Principal Office Address <b>65 misty oak rd</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
4. Business Phone Number <b>401-885-2077</b>		5. State of Incorporation <b>R.I.</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Landscape service &amp; lawn cutting</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Shelley J Manuello</b>		Vice-President Name <b>NA</b>	
Street Address <b>65 misty oak rd</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Secretary Name <b>NA</b>		Treasurer Name <b>NA</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Shelley J Manuello</b>		Director Name <b>NA</b>	
Street Address <b>65 misty oak rd</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This Information is currently of record in the Department of State. <b>No change</b>		NUMBER OF SHARES <b>200</b>	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE <b>200</b>	
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 <b>Shelley J Manuello</b>		Date <b>12/17/17</b>	
Signature of Authorized Representative <b>Shelley J Manuello</b>		SIGN DOCUMENT HERE	

FILED

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BY

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## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov