

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual 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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 18 AM 10:53

1. Entity ID Number 93990		2. Exact name of the Corporation WATSIDE LANDSCAPING INC.			
3. Principal Office Address 1155 MAPLE VALLEY RD			City COVENTRY	State RI	Zip 02827
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island TO PERFORM ALL ASPECTS OF LANDSCAPING MAINTENANCE+CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER M DeJOSEPH			Vice-President Name		
Street Address 1155 MAPLE VALLEY RD			Street Address		
City COVENTRY	State RI	Zip 02827	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 CHRISTOPHER M DeJOSEPH					Date 1/18/18
Signature of Authorized Representative 					FILED JAN 18 2018