

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period. January 1 - March 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25,00 fee if form is not filed by April 1.

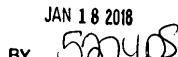
Entity ID Number	2 Evactinar	2. Exact name of the Corporation					
89146		Five Star Landscaping, Inc.					
	1 3,						
3 Principal Office Address			City		State	Zıp	
19 Cushing Street			With	twidence	MI	109904	
NAICS Code     6. Brief description of the character of business conducted in Rhode Island							
561730 1 and some most abase some at 1							
5. State of Incorporation	4 Land	Landscape maintenance, Lawn moung, planting					
32	Sur.	busing etc					
7 Let All officers /names and		<u> </u>		Chook th	a hay ta jadjaa	uto on attachment 🗖	
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment   Vice-President Name				
Arbert Smith							
Street Address			Street Address				
19 Custing Street			[Class   17 a				
North Providence	State	10990M	City		State	Zıp	
Secretary Name	1 132	1 00-0-1	Treasurer Name				
,							
Street Address			Street Address				
City	Ctoto	1214	Ciby		Ictato	17.m	
City	State	Zip	City		State	Zıp	
8. List ALL directors (names and	d addresses)		1	Check th	e box to indica	ate an attachment 🔲	
Director Name			Director Name				
			Strout Address				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
			•				
Director Name			Director Name				
Street Address			Street Address				
Convert address			6.464.7.66.666				
City	State	Zip	City		State	7ıp	
					<u> </u>		
9. Shares Authorized This information is currently of record in the		10. Shares Issue	NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State.		<i>[1</i> ]	7% -		_		
Changes require an additional filing.		\$ 0\$	10 none				
onanges require an additional nam	''y.						
11. This report must be executed	d on behalf of the	e corporation by an aut	horized represe	ntative. If the corpora	ition is in the h	ands 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  Date							
Him? track	19/38/17						
Signature of Authorized Representative							
SIGN DOCUMENT HERE							
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



FORM 630 - Revised: 10/2017