



Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2018 JAN 19 PM 12:30

- 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 12825		2. Exact name of the Corporation PASCALE LANDSCAPE CONSTRUCTION, INC.			
3. Principal Office Address 39 OLD MENDON ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 56 - Administrative and Suppor		6. Brief description of the character of business conducted in Rhode Island EXCAVATING, LANDSCAPING AND LANDSCAPE MATERIAL			
5. State of Incorporation RHODE ISLAND		NAICS CODE 561730			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY T. PASCALE			Vice-President Name SUSAN P. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name SUSAN P. PASCALE			Treasurer Name SUSAN P. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY T. PASCALE			Director Name SUSAN P. PASCALE		
Street Address 39 OLD MENDON ROAD			Street Address 39 OLD MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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
			283	COMMON	NO 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. <i>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.</i>					
Name of Authorized Representative GARY T. PASCALE				Date 1/09/18	
Signature of Authorized Representative <i>Gary T. Pascale</i>			FILED		
			SIGN DOCUMENT HERE		

JAN 19 2018

BY 3112 KM