RI SOS Filing Number: 201857127230 Date: 1/29/2018 4:00:00 PM

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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

Entity ID Number 2. Exact name of the Corporation							
35344		J. MORETTI LANDSCAPING, INC.					
3. Principal Office Address			City		State	Zıp	
26 Palm Street			North Providence		RI	02904	
4. NAICS Code	I6 Brief desc	contion of the chara-	cter of business co	nducted in Rhode		<u> </u>	
そのうろり		Brief description of the character of business conducted in Rhode Island Landscaping, maintenance, and construction.					
5. State of Incorporation		<u></u>					
Rhode Island							
7. List ALL officers (names a	and addresses)	_		Che	ck the box to	indicate an attachment [
President Name Joyce Mello			Vice-President Name				
Street Address 10 Garwaine	Street Address						
City Lincoln	State RI	Zip 02865	City		State	Zip	
			Tanana Nama				
Secretary Name Joyce Mello	ı		Treasurer Name Joyce Mello				
Street Address 10 Garwaine Drive			Street Address 10 Garwaine Drive				
City Lincoln	State RI	^{Zip} 02865	City Lincoln		State RI	^{Z₁p} 02865	
8. List ALL directors (names	and addresses)			Che	ck the box to	indicate an attachment [
Director Name			Director Name				
Street Address			Street Address				
		<u></u>					
City	State	Zip	City		State	Zip	
Director Name	I		Director Name		1	<u> l</u>	
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
3. Shares Authorized	nares Authorized 10. Shares Iss		sued	ed Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		2000		Common		No Par Value	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized represe	ntative. If the cor	poration is in	the hands of a receiver or	
rustee, this report must be e	executed on behalf of	the corporation by	the receiver or trus	stee			
Under penalty of perjury, I				luding any acc	ompanying s	chedules and	
statements, and that all statements contained herein are true and Name of Authorized Representative			ia correct.	Date			
JOYCE MELLO PRESIT			グラング	1 + 10			
Signature of Authorized Rep		<u> </u>			<u> </u>		
Church	Mello	GIGH NO PRESZIXE	CUMENT HERE	-12 PMP			
777	· week	1 463466	~ /	<u> ITED</u>			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

