



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STATE

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.

1. Entity ID Number 000133117		2. Exact name of the Corporation N C E Son s Landscaping, Inc.			
3. Principal Office Address 9 Rutland House Rd.		City Scituate		State RI	Zip 02857
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To Provide Landscaping Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicola Colapietro			Vice-President Name Nicola Colapietro		
Street Address 9 Rutland House Rd.			Street Address 9 Rutland House Rd.		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Nicola Colapietro			Treasurer Name Nicola Colapietro		
Street Address 9 Rutland House Rd.			Street Address 9 Rutland House Rd.		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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 4,000		10. Shares Issued 1,000		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	
		1,000	-	\$ 1	
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 Nicola Colapietro				Date 1/25/18	
Signature of Authorized Representative <i>Nicola Colapietro</i>				SIGN DOCUMENT HERE FILED <i>JK</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 29 2018

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