RI SOS Filing Number: 201857250370 Date: 1/29/2018 4:00:00 PM

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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 67501 | WEST BAY LANDSCAPE, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 199 RIVER ROAD | NORTH KINGSTOWN | RI | 02874 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 561730 | LANDSCAPE CONSTRUCTION, MAINTENANCE AND DESIGN. |
| 5. State of Incorporation: RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: MICHAEL A. GIRARDI | | | Vice-President Name: MICHAEL A. GIRARDI | | |
| Street Address: 199 RIVER ROAD | | | Street Address: 199 RIVER ROAD | | |
| City: NORTH KINGSTOWN | State: RI | Zip: 02874 | City: NORTH KINGSTOWN | State: RI | Zip: 02874 |
| Secretary Name: MICHAEL A. GIRARDI | | | Treasurer Name: MICHAEL A. GIRARDI | | |
| Street Address: 199 RIVER ROAD | | | Street Address: 199 RIVER ROAD | | |
| City: NORTH KINGSTOWN | State: RI | Zip: 02874 | City: NORTH KINGSTOWN | State: RI | Zip: 02874 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: MICHAEL A. GIRARDI | | | Director Name | | |
| Street Address: 199 RIVER ROAD | | | Street Address | | |
| City: NORTH KINGSTOWN | State: RI | Zip: 02874 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | NONE |
| | | |

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 | Date |
|---|---|
| MICHAEL A. GIRARDI, PRESIDENT | 1/25/18 |

Signature of Authorized Representative: Michael A. Girardi

SIGN TO COMPLY WITH FILING

**FILED**

JAN 29 2018

BY 39760

**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