



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 67501		2. Exact name of the Corporation WEST BAY LANDSCAPE, INC.	
3. Principal Office Address 199 RIVER ROAD		City NORTH KINGSTOWN	State RI
		Zip 02874	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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		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	
		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 MICHAEL A. GIRARDI, PRESIDENT			Date 1/25/18
Signature of Authorized Representative <i>Michael A. Girardi</i> SIGNATURE HERE			

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

FILED
JAN 29 2018

BY 3976

FORM 630 - Revised: 10/2017