



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.

FILED
 JAN 31 2018
 BY 11299

1. Entity ID Number 622416		2. Exact name of the Corporation A.E.P. Services, Inc.			
3. Principal Office Address 600 Rocky Hill Road			City Scituate	State RI	Zip 02857
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Landscape and snow removal			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur Paone			Vice-President Name Arthur Paone		
Street Address 600 Rocky Hill Road			Street Address 600 Rocky Hill Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Arthur Paone			Treasurer Name Arthur Paone		
Street Address 600 Rocky Hill Road			Street Address 600 Rocky Hill Road		
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 Arthur Paone			Director Name		
Street Address 600 Rocky Hill Road			Street Address		
City Scituate	State RI	Zip 02857	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		PAR VALUE
			100	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.					
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 Arthur Paone					Date 1/20/18
Signature of Authorized Representative <i>Arthur Paone</i>					SIGN DOCUMENT HERE

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