



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
 STAMP
 JAN 31 2018
 BY SULL
[Signature]

1. Entity ID Number 116111		2. Exact name of the Corporation Frank Passarella, Inc.			
3. Principal Office Address 375 Earle Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A LANDSCAPING BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Passarella			Vice-President Name Frank Passarella		
Street Address 375 Earle Drive			Street Address 375 Earle Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Frank Passarella			Treasurer Name Frank Passarella		
Street Address 375 Earle Drive			Street Address 375 Earle Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	\$1.00
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 Frank Passarella				Date 1-16-18	
Signature of Authorized Representative <i>[Signature]</i>			SIGN DOCL		

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