



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 SW11
ADK

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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		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 				SIGN DOCL	

MAIL TO:
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