



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 07 2018

BY 20981

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 6767 | | 2. Exact name of the Corporation J. DeMarco Landscaping, Inc. | | | |
| 3. Principal Office Address 164 Rockwood Avenue | | City Cranston | State RI | Zip 02920 | |
| 4. NAICS Code 561730 | | 6. Brief description of the character of business conducted in Rhode Island landscaping | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Julian DeMarco Jr | | Vice-President Name Julian DeMarco, Jr. | | | |
| Street Address 164 Rockwood Ave | | Street Address 164 Rockwood Ave | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Regina DeMarco | | Treasurer Name Regina DeMarco | | | |
| Street Address 164 Rockwood Avenue | | Street Address 164 Rockwood Ave | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | 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 | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100.00 | CNP | \$0.0000 | |
| 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 Julian DeMarco, Jr. | | | | Date 2/5/2018 | |
| Signature of Authorized Representative <i>Julian De Marco, Jr.</i> | | | | | |