RI SOS Filing Number: 201858221720 Date: 2/9/2018 4:00:00 PM

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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
000163466	Earth & Water, Inc.

3. Principal Office Address	City	State	Zip
1801 Old Louisquisset Pike	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541320	Water Gardens and Landscapes
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Donna Mack					
Street Address: 1801 Old Louisquisset Pike			Street Address		
City: Lincoln	State: RI	Zip: 02865	City	State	Zip
Secretary Name: Donna Mack			Treasurer Name: Donna Mack		
Street Address: 1801 Old Louisquisset Pike			Street Address: 1801 Old Louisquisset Pike		
City: Lincoln	State: RI	Zip: 02865	City: Lincoln	State: RI	Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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RECEIVED

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$2.00

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: Donna Mack

Date: 1-15-18

Signature of Authorized Representative: X Donna Mack

SIGN DOCUMENT HERE

FILED

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

FORM 630 - Revised: 10/2017