



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 000163466		2. Exact name of the Corporation Earth & Water, Inc.			
3. Principal Office Address 1801 Old Louisquisset Pike		City Lincoln		State RI	Zip 02865
4. NAICS Code 541320	6. Brief description of the character of business conducted in Rhode Island Water Gardens and Landscapes				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna Mack			Vice-President Name		
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 <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 Check the box to indicate an attachment <input type="checkbox"/>					
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
			200		\$2.00
			Common		
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 <i>Donna Mack</i>					

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

SIGN DOCUMENT HERE

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FEB 9 2018

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