RI SOS Filing Number: 201858308340 Date: 2/14/2018 4:00:00 PM

| State of Rhode Island and Department of Sta | | | vision | | | | |
|---|--|-------------------|---------------------------|--|----------------|--------------------|--|
| Annual Report for the ye | • | _ | | | | STAND | |
| Corporation | | | | | | . • | |
| → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. | | | | | | • | |
| <u> </u> | | | | · | | | |
| 1. Entity ID Number 2. Exact name of the Corporation ARTARESE LANDSCAPE CONSTRUCTION INC. | | | | | | | |
| 3. Principal Office Address | <u> </u> | | City | | State | Zip | |
| 66 VILLAGE | AVE. | _ | CAAN | | R.I. | | |
| 4. NAICS Code | | | | onducted in Rhode Isl | | • | |
| 561730 | LANDSCAPE CONSTRUCTION, MAINTENANCE AND COMMERCIAL | | | | | | |
| 5. State of Incorporation \mathcal{R} , \mathcal{T} . | SNOW PL | OWING. | | | | | |
| 7. List ALL officers (names and addresses) | | | | Check the box to indicate an attachment | | | |
| President Name ANTHONY MATRRESE JR. | | | Vice-President Name SAME, | | | | |
| reet Address 66 VILLAGE AVE. | | | Street Address | | | | |
| CRANSTON | | Zip 07 470 | City | · · · · · · · · | State | Zip | |
| Secretary Name | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | ·- | State | Zip | |
| 8. List ALL directors (names and ad | idresses) | 1 | | Check th | ne box to indi | cate 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 | |
| 9. Shares Authorized This Information is currently of record in the | | 10. Shares Issued | | Check the box to indicate an attachment CLASS/SERIES PAR VALUE | | | |
| Department of State. Changes require an additional filing. | | 1,000 | | COMM, NO | | NO | |
| | | | | PAR VALUE | | | |
| 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 Date | | | | | | | |
| l 🔥 . | ATARESE | JR. | PRES | · FILE | 1 - 1. | 0 / 18 | |
| Signature of Aythorized Represent | ative of the state | SIGN DOCL | MENT HERE | • • • • | • 1 | | |
| MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 | lsland 02904-2615 | | BY_ | 1205 | BOS | | |

Website: www.sos.ri.gov