



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

2018 FEB 16 AM 11:53

1. Entity ID Number <u>1338863</u>		2. Exact name of the Corporation <u>VEGA'S LANDSCAPING + Designs, Inc.</u>			
3. Principal Office Address <u>43 Crossman Street 1st Floor Central Falls</u>		City <u>RI</u>		State <u>02863</u>	
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>Seasonal Landscaping Services</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Fausto Vega</u>			Vice-President Name		
Street Address <u>43-Crossman-St</u>			Street Address		
City <u>Central Falls</u>		State <u>RI</u>		Zip <u>02863</u>	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State		Zip	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State		Zip	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>100</u>		CLASS/SERIES <u>\$0.01</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Fausto Vega</u>			Date <u>2/16/2018</u>		
Signature of Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT <u>FEB 16 2018</u>		

BY 304429
A.A.