



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

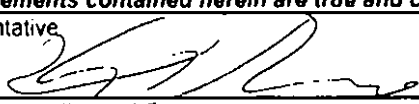
Annual Report for the year: **2018**
Corporation

→ 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 DIV
2018 FEB 22 PM 2:13

1. Entity ID Number 001666880		2. Exact name of the Corporation N.R.I. LANDSCAPING, INC.	
3. Principal Office Address 7 Elk Street		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Provide landscaping services to residential and commercial customers Title 7-1.2-1701		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name David Turco		Vice-President Name David Turco	
Street Address 7 Elk Street		Street Address 7 Elk Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name David Turco		Treasurer Name David Turco	
Street Address 7 Elk Street		Street Address 7 Elk Street	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
		600	CNP
			\$0.00
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 David Turco, President		Date February 6, 2018	
Signature of Authorized Representative 		FILED	
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

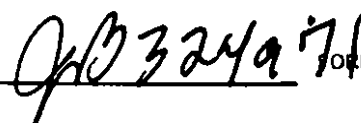
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 22 2018

BY



FORM 630 - Revised: 10/2017