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CORPORATIONS DIV
2018 FEB 22 PM 2:13

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.

1. Entity ID Number	2. Exact name of the Corporation		
001666880	**N.R.I. LANDSCAPING, INC.**		
3. Principal Office Address	City	State	Zip
7 Elk Street	**Cumberland**	**RI**	**02864**
4. NAICS Code **561730**	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **Rhode Island**	**Provide lanscaping services to residential and commercial customers Title 7-1.2-1701**		

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**	Zip **02864**	City **Cumberland**	State **RI**	Zip **02864**
Secretary Name **David Turco**			Treasurer Name **David Turco**		
Street Address **7 Elk Street**			Street Address **7 Elk Street**		
City **Cumberland**	State **RI**	Zip **02864**	City **Cumberland**	State **RI**	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
David Turco, President	**February 6, 2018**
Signature of Authorized Representative	

SIGN DOCUMENT HERE **FILED**

FEB 22 2018

BY 0324971

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