



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.

FILED
STAMP

FEB 26 2018

BY

11875
[Signature]

1. Entity ID Number 596517		2. Exact name of the Corporation Back to Basics Lawn Care, Inc.			
3. Principal Office Address 1833 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Lawn care and landscaping			
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 Maax M. Bert			Vice-President Name None		
Street Address 1833 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Maax M. Bert			Treasurer Name Maax M. Bert		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maax M. Bert			Director Name		
Street Address 1833 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES C. ASSOCIATES PAR VALUE		
			100	Common	None
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 Maax M. Bert, President <i>[Signature]</i>					Date 2-21-18
Signature of Authorized Representative <i>[Signature]</i> <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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