



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

(NAICS) # 561730

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02901-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 14583		2. Name of Corporation NATURE'S WAY LANDSCAPING INC (561730)	
3. Street Address, Principal Business Office 2953 HARTFORD AVE		City JOHNSTON	State R.I.
4. Business Phone No. 949-5700		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE + CONST. OF COMM. + RES. LANDSCAPES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name WILLIAM RAINONE		Vice President Name ANTHONY RAINONE	
Street Address 354 CHERMIST HILL RD		Street Address 28 HOUTMAN AVE	
City CHESAPEL	State R.I.	City CUMBERLAND	State R.I.
Zip 00814		Zip 00864	
Secretary Name ANTHONY RAINONE		Treasurer Name WILLIAM RAINONE	
Street Address 28 HOUTMAN AVE		Street Address 354 CHERMIST HILL RD	
City CUMBERLAND	State R.I.	City CHESAPEL	State R.I.
Zip 00864		Zip 00814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
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 600 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES -- THIS SECTION MUST BE COMPLETED	
		Number of Shares — 0 —	Class/Series Par Value

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2018

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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.

Signature _____ Date 2/26/18
Print or Type Name
WILLIAM - RAINONE
Title PRESIDENT