



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 45927		2. Exact name of the Corporation DAVE'S LAWN CARE SERVICE, INC.												
3. Principal Office Address 2800 Warwick Avenue			City Warwick	State RI	Zip 02889									
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Landscaping, gardening, supply operations, retail or wholesale.													
5. State of Incorporation Rhode Island	561730													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name David W. Salois			Vice-President Name Roberta A. Salois											
Street Address 2800 Warwick Avenue			Street Address 2800 Warwick Avenue											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889									
Secretary Name David W. Salois			Treasurer Name Roberta A. Salois											
Street Address 2800 Warwick Avenue			Street Address 2800 Warwick Avenue											
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name David W. Salois			Director Name None											
Street Address 2800 Warwick Avenue			Street Address											
City Warwick	State RI	Zip 02889	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
400	Common	No Par Value												
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 W. Salois				Date 2/5/18										
Signature of Authorized Representative <i>David W. Salois Pres.</i> SIGN DOCUMENT HERE														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 28 2018

BY

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FORM 630 - Revised: 10/2016