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	2. Exact name of the Corporation
45927	DAVE'S LAWN CARE SERVICE, INC.

3. Principal Office Address	City	State	Zip
2800 Warwick Avenue	Warwick	RI	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	Landscaping, gardening, supply operations, retail or wholesale.
5. State of Incorporation	
Rhode Island	376730

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
David W. Salois	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	Director Name
David W. Salois	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
David W. Salois	2/5/18

Signature of Authorized Representative: David W. Salois Pres. 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

FILED
FEB 28 2018
BY 17955 DS

FORM 630 - Revised: 10/2016