RI SOS Filing Number: 201860311480 Date: 3/15/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR 15 PM 12:26

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
123601	Grandin Landscape & Supply Co., Inc.

3. Principal Office Address	City	State	Zip
61 Tuckertown Road	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	General landscape services
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Peter Grandin	N/A
Street Address: 61 Tuckertown Road	Street Address:
City: Wakefield, State: RI, Zip: 02879	City, State, Zip:
Secretary Name: Peter Grandin	Treasurer Name: Peter Grandin
Street Address: Same	Street Address: Same
City, State, Zip:	City, State, Zip:

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

Director Name	Director Name
Peter Grandin	
Street Address: Same	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	N/A	N/A

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: 2.26.18

Signature of Authorized Representative

Peter Grandin

SIGN DOCUMENT HERE

FILED
MAR 15 2018

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 3266615

FORM 630 - Revised: 10/2017