RI SOS Filing Number: 201860396360 Date: 3/16/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
001659161	Level One, Inc

3. Principal Office Address	City	State	Zip
103 Jacksonia Drive	North providence	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	Landscaping and all other related activities
5. State of Incorporation: RI	

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

President Name: Joseph Marasco, Jr			Vice-President Name		
Street Address: 103 Jacksonia Drive			Street Address		
City: North Providence	State: RI	Zip: 02911	City	State	Zip
Secretary Name: Joseph Marasco, Jr			Treasurer Name: Joseph Marasco, Jr		
Street Address: 103 Jacksonia Drive			Street Address: 103 Jacksonia Drive		
City: NorthProvidence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

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

Director Name			Director Name		
Street Address			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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	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
Joseph Marasco, Jr	02-15-18

Signature of Authorized Representative: Joseph Marasco

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
MAR 16 2018
BY 143 05

FORM 630 - Revised: 10/2017