

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if fr

Entity ID Number	Penalty: Additional \$25.00 fee if form is not filed by April 1.  Entity ID Number   2 Exact name of the Corporation						
001659161		Level One, Inc					
3. Principal Office Address	rincipal Office Address			City State		Zip	
103 Jacksonia Drive			North provi	idence	RI	02911	
4 NAICS Code	6 Brief desc	6 Brief description of the character of business conducted in Rhode Island					
-5tel-130	Landscapi	Landscaping and all other related activities					
RI							
7. List ALL officars (names an	d addresses)				eck the box to	ndicate an attachment 🔲	
Pres dent Name Joseph Maras	Vice-President Name						
Street Address 103 Jacksonia	Street Address						
City North Providence	State RI	Zip 02911	City		State	Zip	
Joseph Marasco, Jr			Treasurer Name Joseph Marasco, Jr				
Street Address 103 Jacksonia	Street Address 103 Jacksonia Drive						
City NorthProvidence	State RI	<sup>Zip</sup> 02911	City North Providence		State RI	<sup>Zip</sup> 02911	
8. List ALL directors (names a	ind addresses)	<u> </u>			eck the box to	indicate an attachment	
Director Name	. ,		Director Name			<u>-</u>	
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
					<del></del>	rando de	
City	State	Zip	City		State	Zip	
			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 filling.		NUMBER OF SHARES		CLASS/SER ES		PAR VALUE	
		100		Common		No Par Value	
					<del> </del>		
11. This report must be executrustee, this report must be ex					orporation is in	the hands of a receiver or	
Under penalty of perjury, I d					companying s	chedules and	
statements, and that all stat		l herein are true a	nd correct.		IDete		
Name of Authorized Represer Joseph Marasco, Jr		Date 02-15-18		8			
Signature of Authorized Repre	esentative				<u></u>		
	vasco	<u> </u>	DITEN HERE				
<del></del>							

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 1 6 2018

FORM 630 - Revised: 10/2017