



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 46390		2. Exact name of the Corporation Shalvey Bros. Landscape, Inc.										
3. Principal Office Address 6 Echo Drive		City Warwick	State RI									
		Zip 02886										
4. NAICS Code 541730	6. Brief description of the character of business conducted in Rhode Island Landscape Construction and Maintenance											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Thomas E. Shalvey		Vice-President Name Diane V. Shalvey										
Street Address 1301 Centerville Road		Street Address 1301 Centerville Road										
City Warwick	State RI	Zip 02886	City Warwick									
			State RI									
			Zip 02886									
Secretary Name same		Treasurer Name same										
Street Address		Street Address										
City	State	Zip	City									
			State									
			Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name None		Director Name None										
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 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 <input type="checkbox"/>										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
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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 Diane V. Shalvey			Date 3-22-18									
Signature of Authorized Representative Diane V. Shalvey												

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

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