RI SOS FI	ling Number: 2	01863634270) Date: 5/4	/2018 4:00:00 F	ΣM		
State of Rhode Islan Department of			Division			 	
Annual Report for the Corporation	year: 201	8					
 → Filing period: January → Filing Fee: \$50,00 → Penalty: Additional \$25 		ot filed by April 1.					
1. Entity ID Number 001666581		2. Exact name of the Corporation MELUCCI & SON LANDSCAPING INC					
Principal Office Address AT ARROW AVENUE			City WARWICK		State RI	Z _I p 02886	
4. NAICS Code 812990 5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES					
7. List ALL officers (names an	d addresses)		Ivina Brandant		the box to in	ndicate an attachment	
President Name NICHOLAS R	Vice-President Name SAME						
Street Address 41 ARROW AVE			Street Address				
Cily WARWICK	State RI	Z _{IP} 02886	City	<u>.</u>	State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City	 	State	Zip	
8. List ALL directors (names a	Check the box to indicate an attachment						
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	<u> </u>	State	Zip	
Director Name		- 4	Director Name			· • •	
Street Address			Street Address				
City	State	Žip	City		State	Zip	
9. Shares Authorized		10. Shares Is		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES COMMON		
		100					

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

NICHOLAS R MELUCCI

Changes require an additional filing.

Signature of Authorized Representative SIGN DOCUMENT HERE

Date

4/25/18

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 4 2018