



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2014  
Corporation

2018 AUG -1 AM 11:58

- 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 <u>000976294</u>		2. Exact name of the Corporation <u>M&amp;L Landscaping INC</u>							
3. Principal Office Address <u>35 south bend street</u>		City <u>Pawtucket</u>		State <u>R-I</u>	Zip <u>02860</u>				
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>landscaping</u>							
5. State of Incorporation <u>R.I.</u>									
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
President Name <u>Mario R Cruz</u>			Vice-President Name						
Street Address <u>35 south bend ST</u>			Street Address						
City <u>Pawtucket</u>	State <u>R.I.</u>	Zip <u>02860</u>	City	State	Zip				
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.		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 <u>Mario R Cruz</u>					Date <u>8/1/2018</u>				
Signature of Authorized Representative <u>[Signature]</u>					<b>FILED</b> 11:59				