



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000071789		2. Name of Corporation PLAINFIELD LANDSCAPING CO., INC.	
3. Street Address: Principal Business Office 2071 PLAINFIELD PIKE		City JOHNSTON	State RI
4. Business Phone No. 401 946 5090		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island Landscaping (541320)			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name FRANK DEBELLIS		Vice President Name FRANK DEBELLIS	
Street Address 2071 PLAINFIELD PIKE		Street Address 2071 PLAINFIELD PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name FRANK DEBELLIS		Treasurer Name FRANK DEBELLIS	
Street Address 2071 PLAINFIELD PIKE		Street Address 2071 PLAINFIELD PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
		Number of Shares	Class/Series
		Par Value	
		100. —	COMMON
			NPV

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.

FILED

JAN 04 2019

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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.

Signature: Frank DeBellis Date: 12-24-18
Print or Type Name: FRANK DEBELLIS
Title: PRESIDENT

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY