



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

Annual Report for the year: 2019
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 000012660		2. Exact name of the Corporation Elmhurst Landscaping Co., Inc			
3. Principal Office Address 9 Rollingwood Drive			City Lincoln	State RI	Zip 02865
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscape 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 Joseph F. Graziano			Vice-President Name Kimberly A Graziano		
Street Address 9 Rollingwood Drive			Street Address 113 Angell Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name MaryAnn Graziano			Treasurer Name Joseph F. Graziano		
Street Address 9 Rollingwood Drive			Street Address 9 Rollingwood Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE
			100	common	no par
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 MaryAnn Graziano				Date 1-4-19	
Signature of Authorized Representative <i>MaryAnn Graziano</i>			SIGN DOCUMENT HERE FILED <i>OR</i>		

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

JAN 04 2019
 1015