



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN -8 AM 9:09

1. Entity ID Number <u>1077783</u>		2. Exact name of the Corporation <u>Oakcrest Landscaping Inc.</u>	
3. Principal Office Address <u>26 Oakcrest Dr.</u>		City <u>N. Providence</u>	State <u>RI</u>
		Zip <u>02904</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>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sean Tooley</u>		Vice-President Name <u>John Tooley</u>	
Street Address <u>26 Oakcrest Dr.</u>		Street Address <u>26 Oakcrest Dr.</u>	
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N. Providence</u>
			State <u>RI</u>
			Zip <u>02904</u>
Secretary Name		Treasurer Name	
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		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/SERIES	
		PAR VALUE	
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>Sean Tooley</u>		Date <u>1/8/17</u>	
Signature of Authorized Representative <u>Sean Tooley</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JAN 08 2019

By: on NPNBS