



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

**FILED**

JAN 16 2019

BY 5843  
IOA

**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 <b>116111</b>		2. Exact name of the Corporation <b>Frank Passarella, Inc.</b>			
3. Principal Office Address <b>375 Earle Drive</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>541320</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE A LANDSCAPING BUSINESS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank Passarella</b>			Vice-President Name <b>Frank Passarella</b>		
Street Address <b>375 Earle Drive</b>			Street Address <b>375 Earle Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Frank Passarella</b>			Treasurer Name <b>Frank Passarella</b>		
Street Address <b>375 Earle Drive</b>			Street Address <b>375 Earle Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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
			100		common
			PAR VALUE		\$1.00
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. <b>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.</b>					
Name of Authorized Representative <b>Frank Passarella</b>					Date <b>1/11/19</b>
Signature of Authorized Representative <i>Frank Passarella</i> 1-14-19 JUMENT FERRI					