



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

FILED

FEB 06 2019

Annual Report for the year: 2019
 Corporation

BY 3442

- 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 000118273		2. Exact name of the Corporation Charlies Lawn Service, Inc			
3. Principal Office Address 54 DUNNS CORNERS ROAD		City Westley		State RI	Zip 02891
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island lawn cutting, lawn maintenance, Yard cleanups			
5. State of Incorporation RI		Yard maintenance			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Charles E. Panciera III		Vice-President Name			
Street Address 44 small pox trl,		Street Address			
City W. Kingstm	State RI	Zip 02892	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		none		—	—
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 Monica R Gears		Date 2-4-19	
Signature of Authorized Representative 		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov