



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

→ 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 70833		2. Exact name of the Corporation K. Wilcox Landscaping, Inc.			
3. Principal Office Address 620 Hopkins Hill Road		City West Greenwich		State RI	Zip 02817
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island General landscaping and construction.			
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 Kurt A. Wilcox			Vice-President Name Kurt A. Wilcox		
Street Address 620 Hopkins Hill Road			Street Address 620 Hopkins Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Lisa Wilcox			Treasurer Name Lisa Wilcox		
Street Address 620 Hopkins Hill Road			Street Address 620 Hopkins Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kurt A. Wilcox			Director Name Lisa Wilcox		
Street Address 620 Hopkins Hill Road			Street Address 620 Hopkins Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE 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 Kurt A. Wilcox				Date 2/5/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 11 2019
BY 17424 DS

FORM 630 - Revised: 10/2017