



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 39591		2. Exact name of the Corporation A-LAWN LANDSCAPING, INC.			
3. Principal Office Address 182 Angell Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Lawn maintenance, landscaping, goundkeeping, renting, leasing of equipment and supplies.			
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 Alfred DiOrio			Vice-President Name Cindy A. DiOrio		
Street Address 182 Angell Road			Street Address 182 Angell Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Cindy A. DiOrio			Treasurer Name Alfred DiOrio		
Street Address 182 Angell road			Street Address 182 Angell Road		
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/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 Cindy A. DiOrio					Date 2-4-19
Signature of Authorized Representative <i>Cindy A. DiOrio</i>					

SIGN DOCUMENT HERE

FILED
FEB 14 2019

BY

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