



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 |
| | | 100 | Common | No 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 <i>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.</i> | | | | | |
| 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 116267

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