



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FOR

→ 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 71838 | | 2. Exact name of the Corporation LAWNS UNLIMITED LANDSCAPING SERVICES, INC. | | | |
| 3. Principal Office Address 35 Greenbrier Road | | | City Greenville | State RI | Zip 02828 |
| 4. NAICS Code 561730 | | 6. Brief description of the character of business conducted in Rhode Island LANDSCAPING, GARDENERS AND NURSERYMEN | | | |
| 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 Paul A. DerAnanian | | | Vice-President Name None | | |
| Street Address 35 Greenbrier Road | | | Street Address | | |
| City Greenville | State RI | Zip 02828 | City | State | Zip |
| Secretary Name Paul A. DerAnanian | | | Treasurer Name Paul A. DerAnanian | | |
| Street Address As above | | | Street Address As above | | |
| 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 None | | | 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. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES 50 | CLASS/SERIES COMMON | PAR VALUE 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. | | | | | |
| 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 Paul A. DerAnanian | | | | Date 2/15/2019 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | |

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

FILED**FEB 21 2019**

FORM 630 - Revised: 10/2017

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