



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 000010020		2. Exact name of the Corporation FRANK A. GAUDIANA JR GARDENING SERVICES INC.			
3. Principal Office Address 2 OLD GREENVILLE RD.		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LAWN CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK A. GAUDIANA JR			Vice-President Name ANTHONY D. GAUDIANA		
Street Address 2 OLD GREENVILLE RD.			Street Address 86 WINSOR RD.		
City JOHNSTON	State RI	Zip 02919	City FOSTER	State RI	Zip 02825
Secretary Name JANE M. GAUDIANA			Treasurer Name JANE M. GAUDIANA		
Street Address 2 OLD GREENVILLE RD.			Street Address 2 OLD GREENVILLE RD.		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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 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 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. 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 JANE M. GAUDIANA					Date 2/18/2019
Signature of Authorized Representative <i>Jane M. Gaudiana</i>					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

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BY 8750 DS FORM 630 - Revised: 10/2017