

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

FRANK A. GAUDIANA JR GARDENING SERVICES INC.  Principal Office Address 2 OLD GREENVILLE RD  State Support State State of Dusiness conducted in Rhode Island LAWN CARE  State of Incorporation RI  LISTALL Officers (names and addresses) Check the box to indicate an attachment Treader Address  Street Address 2 OLD GREENVILLE RD.  State RI  Zip 02919  City JOHNSTON State RI  Zip 02919  City FOSTER State RI  Zip 02929  City JOHNSTON State RI  Zip 02919  City State Zip  Common No PAR VALUE  This information is currently of record in the Papartment of State.  This information is currently of record in the Papartment of State.	→ Penalty: Additional \$25.00	) fee if form is n	ot filed by April 1.					
Principal Office Address 2 OLD GREENVILLE RD  6. Brief description of the character of business conducted in Rhode island LAWN CARE  City JOHNSTON  State of Incorporation RI  CISTALL Officers (names and addresses)  Check the box to indicate an attachment D  Sired Address  2 OLD GREENVILLE RD.  City GOSTER  Street Address  Sired Address  2 OLD GREENVILLE RD.  City FOSTER  Street Address  Street Address  Street Address  City JOHNSTON  State RI  City City State  Conscion Name  City State  City State  City State  City State  Conscion Name  City State  City State  Conscion Name  City State  City State  Conscion Name  City State  Conscion Name  City State  Conscion Name  City State  Conscion Name  Conscion N	1. Entity ID Number							
Comparison   Com		FRANK						
State of Incorporation   Check the box to indicate an attachment   Che	Principal Office Address		. <u>.</u>	City		l.	· ·	
State of Incorporation   Check the box to indicate an attachment   Che	2 OLD GREENVILLE RD.			JOHNSTON	I	RI	02919	
Tust ALL officers (names and addresses)  Check the box to indicate an attachment    Vice-President Name	4. NAICS Code 50130							
Tresident Name FRANK A GAUDIANA JR  Sireet Address 2 OLD GREENVILLE RD.  Sireet Address 86 WINSOR RD.  Sireet Address 92 OLD GREENVILLE RD.  Sireet Address 2 OLD GREENVILLE RD.  Sireet Address 2 OLD GREENVILLE RD.  Sireet Address 92 OLD GREENVILLE RD.  Sireet Address 92 OLD GREENVILLE RD.  Sireet Address 92 OLD GREENVILLE RD.  Sireet Address 93 OLD GREENVILLE RD.  Sireet Address 94 OLD GREENVILLE RD.  Sireet Address 95 OLD GREENVILLE RD.	RI				115 114			
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State   Zip   O2825   City FOSTER   State   RI   Zip   O2825		ANTHONY D. GAUDIANA						
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Street Address 2 OLD GREENVILLE RD  Street Address 2 OLD GREENVILLE RD.  State RI Zip 02919 City JOHNSTON State RI Zip 02919 City JOHNSTON State RI Zip 02919  State Director Name Director Name  Street Address  Check the box to indicate an attachment Director Name  Number of Shares Shares Chassisteries Park Value  Papartment of State.  100 COMMON NO PAR VALUE  This information is currently of record in the Number of Shares Shares Component on the Number of Shares	<sup>City</sup> JOHNSTON	State RI	<sup>Zip</sup> 02919	1		State RI Zip		
State RI   Zip 02919   City JOHNSTON   State RI   Zip 02919   City JOHNSTON   State RI   Zip 02919    3. List ALL directors (names and addresses)   Check the box to indicate an attachment   Director Name   Director Name   City   State   Zip   City   State   Zip    Director Name   Director Name   Director Name   City   State   Zip   City   State   Zip    Director Name   Director Name   City   State   Zip   City   State   Zip    Director Name   City   State   Zip   City   State   Zip    Director Name   City   State   Zip   City   State   Zip    Director Name   Check the box to indicate an attachment   City   City	Secretary Name JANE M. GAUDIANA			Treasurer Name JANE M. GAUDIANA				
Check the box to indicate an attachment   Director Name   Di	Street Address 2 OLD GREENVILLE RD.			Į.				
Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Director Name  Director Name  Director Name  Street Address  Str	City JOHNSTON	State RI	<sup>Zip</sup> 02919	City JOHNSTON		State RI	State RI Zip 02919	
Street Address  Street Address  City  State  Director Name  Director Name  Street Address  Street Address  Street Address  City  State  Zip  Check the box to indicate an attachment   NUMBER OF SHARES  CLASSSERIES  PAR VALUE  This information is currently of record in the  NUMBER OF SHARES  CLASSSERIES  PAR VALUE  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 rustee, 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  Date  JANE  Date	8. List ALL directors (names and	addresses)				the box to i	ndicate an attachment 🔲	
Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  One of the corporation is currently of record in the corporation by an authorized representative. If the corporation is in the hands of a receiver or rustee, 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  Date  JANE M. GAUDIANA  Signature of Authorized Represeptative	Director Name			Director Name				
Director Name    Director Name	Street Address			Street Address				
Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  Department of State.  Changes require an additional filling.  In 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 rustee, 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  Date  JANE M. GAUDIANA  Signature of Authorized Representative	City	State	Zip	City		State	Zip	
Shares Authonzed  10. Shares Issued Check the box to indicate an attachment Chis information is currently of record in the Department of State.  100  COMMON  NO 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 rustee, 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  Date  AND AND CAUDIANA  Signature of Authorized Represeptative	Director Name			Director Name				
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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  Date  ANE M. GAUDIANA  Signature of Authorized Represeptative								
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Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date  ANE M. GAUDIANA  Signature of Authorized Representative	trustee, this report must be exec	cuted on behalf of	f the corporation by	the receiver or t	rustee.			
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JANE M. GAUDIANA  Signature of Authorized Representative  2/18/2019			, गवासमा वास <b>प्रथ</b> ि श	in conder		Date		
	Signature of Authorized Represe		SIGN DO	CUMENT HERE	 :			
- /Y - / / PILED	MAIL TO:	The court	MA		FILED			

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 1 2019

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