



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505318		2. Exact name of the Corporation SCARBOROUGH YARD MAINTENANCE, INC.			
3. Principal office address 13 GOULD PLACE		City EAST GREENWICH	State RI	Zip 02818	
4. Business Phone No. 401-241-0877		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island YARD DECORATIONS, TREES, SHRUBS AND LAWN MAINTENANCE 812990					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BRIAN BEAUVAIS			Vice-President Name SAME		
Street Address 13 GOULD PLACE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BRIAN BEAUVAIS			Director Name SAME		
Street Address 13 GOULD PLACE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	COMMON	.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 01/15/19
 Signature of Authorized Representative Date

BRIAN BEAUVAIS

Print or Type Name of Authorized Representative

FILED

FEB 21 2019

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