



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 037980		2. Exact name of the Corporation AAA Professional Lawn Care, Inc.			
3. Principal Office Address 17 Deer View Road			City Johnston	State RI	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping			
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 Anthony Caruso			Vice-President Name Anthony Caruso		
Street Address 17 Deer View Road			Street Address 17 Deer View Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Anthony Caruso			Treasurer Name Anthony Caruso		
Street Address 17 Deer View Road			Street Address 17 Deer View Road		
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			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		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Anthony Caruso Signature of Authorized Representative <i>[Signature]</i> Date 3/3/19 FILED MAR 06 2019					