



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 12 PM 1:21

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 95852		2. Exact name of the Corporation R.F. Lawncare, Inc. (dba Lincoln Landscape & Construction)			
3. Principal Office Address 251 Railroad Street		City Manville/Lincoln		State RI	Zip 02838
4. NAICS Code 561736		6. Brief description of the character of business conducted in Rhode Island To provide residential and commercial landscaping and related services and activities			
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 Ronald Fealhaber		Vice-President Name Ronald Fealhaber			
Street Address 251 Railroad Street		Street Address 251 Railroad Street			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Ronald Fealhaber		Treasurer Name Ronald Fealhaber			
Street Address 251 Railroad Street		Street Address 251 Railroad Street			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald Fealhaber		Director Name			
Street Address 251 Railroad Street		Street Address			
City Manville	State RI	Zip 02838	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	No par	
		100	Common	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.					
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 Ronald Fealhaber, President				Date February 18 2019	
Signature of Authorized Representative 		SIGN DOCUMENT HERE FILED			

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

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