



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

**Annual Report for the year: 2019**  
**Corporation**

2019 FEB 27 AM 11:15

- 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<br><b>125400</b>  |                    | 2. Exact name of the Corporation<br><b>HAWK-EYE LAWN SERVICES, INC</b>   |  |                    |                          |
| 3. Principal Office Address<br><b>905 TOURTELOTTE HILL ROAD</b>   |                    |  | City<br><b>NORTH SCITUATE</b>                      | State<br><b>RI</b> | Zip<br><b>02857</b>      |
| 4. NAICS Code<br><b>561730</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO PROVIDE LAWN AND LANDSCAPING SERVICES</b>                 |  |                    |                          |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    | 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |  |                    |                          |
| President Name<br><b>ROBERT SPERRY</b>  |                    |  |  |                    |                          |
| Street Address<br><b>905 TOURTELOTTE HILL ROAD</b>  |                    |  | Street Address<br><b>905 TOURTELOTTE HILL ROAD</b> |                    |                          |
| City<br><b>NORTH SCITUATE</b>   | State<br><b>RI</b> | Zip<br><b>02857</b>  | City<br><b>NORTH SCITUATE</b>                      | State<br><b>RI</b> | Zip<br><b>02857</b>      |
| Secretary Name<br><b>ROBERT SPERRY</b>  |                    |  | Treasurer Name<br><b>ROBERT SPERRY</b>             |                    |                          |
| Street Address<br><b>905 TOURTELOTTE HILL ROAD</b>  |                    |  | Street Address<br><b>905 TOURTELOTTE HILL ROAD</b> |                    |                          |
| City<br><b>NORTH SCITUATE</b>   | State<br><b>RI</b> | Zip<br><b>02857</b>  | City<br><b>NORTH SCITUATE</b>                      | State<br><b>RI</b> | Zip<br><b>02857</b>      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                    |                          |
| Director Name<br><b>NONE</b>  |                    |  | Director Name<br><b>NONE</b>                       |                    |                          |
| Street Address  |                    |  | Street Address                                     |                    |                          |
| City  | State              | Zip  | City   | State              | Zip                      |
| Director Name<br><b>NONE</b>  |                    |  | Director Name<br><b>NONE</b>                       |                    |                          |
| Street Address  |                    |  | Street Address                                     |                    |                          |
| City  | State              | Zip  | City   | State              | Zip                      |
| 9. Shares Authorized  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                          |  |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES   |  | CLASS/SHARES       | PAR VALUE                |
|   |                    | <b>100</b>   | <b>COMMON</b>                                      | <b>NO PAR</b>      |                          |
| 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. |                    |  |  |                    |                          |
| <b>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.</b>                                       |                    |  |  |                    |                          |
| Name of Authorized Representative<br><b>ROBERT SPERRY</b>   |                    |  |  |                    | Date<br><b>2-23-2019</b> |
| Signature of Authorized Representative<br><i>[Handwritten Signature]</i>  |                    |  |  |                    |                          |

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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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