




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

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 2019 MAR 19 AM 8:31

1. Entity ID Number 125400		2. Exact name of the Corporation HAWK-EYE LAWN SERVICES, INC			
3. Principal Office Address 905 TOURTELOTTE HILL ROAD			City NORTH SCITUATE	State RI	Zip 02857
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE LAWN AND LANDSCAPING SERVICES			
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 ROBERT SPERRY			Vice-President Name ROBERT SPERRY		
Street Address 905 TOURTELOTTE HILL ROAD			Street Address 905 TOURTELOTTE HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name ROBERT SPERRY			Treasurer Name ROBERT SPERRY		
Street Address 905 TOURTELOTTE HILL ROAD			Street Address 905 TOURTELOTTE HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
		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. <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 ROBERT SPERRY					Date (X) 2-23-2019
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

MAR 19 2019
 BY Z 23RD.
 A.A. 8:32 A.M.