



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

MAR 21 2019

BY

275 DS

1. Entity ID Number 001659161		2. Exact name of the Corporation Level One, Inc.			
3. Principal Office Address 103 Jacksonia Drive			City North Providence	State RI	Zip 02911
4. NAICS Code 541730		6. Brief description of the character of business conducted in Rhode Island Landscaping and all other related activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Marasco Jr			Vice-President Name N/A		
Street Address 103 Jacksonia Drive			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Joseph Marasco Jr			Treasurer Name Joseph Marasco Jr		
Street Address 103 Jacksonia Drive			Street Address 103 Jacksonia Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	.01
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 Joseph Marasco Jr				Date 03-14-19	
Signature of Authorized Representative <i>Joseph Marasco Jr (President)</i>					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov