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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 SEP -3 A 11: 015 TA. ...P

Annual Report for the year:

Corporation

- → Filing period: January 1 March 1
- → Filing Fee. \$50.00

→ Penalty: Additional \$25.00 f	ee if form is not f	iled by April 1.					
Entity ID Number 2. Exact name of the Corporation							
1687183	Pristine Lawn Care Inc. Lane Johnston RI Oraia						
3. Principal Office Address	•		City		State	Zip	
14 Juniper La	ne		John	15467	NT	07919	
4. NAICS Code	6. Brief descript	ion of the characte	r of business c	onducted in Rhode Isla	and	<u> </u>	
1561730.	Laun	core, Lo	and Scapic	19			
5. State of Incorporation	1	•		<i></i>			
$\mathcal{I}\mathcal{R}$							
7. List ALL officers (names and add	dresses)	<u> </u>			ne box to indi	cate an attachment 🗖	
President Name Carmino Paliotta, JR				Vice-President Name Carmino Paliotta Jr.			
Street Address Str				Carnino Paliolia Jr. Street Address 14 Juniper Lanc City Johnston State OZ919			
Street Address City Johnston State RI Zip OZAIA			14 Juniper Line				
City Johnston	State DT	ZipOZaIa	City toh	1100	State	Zφ (2.20.46)	
Secretary Name			Tireasurer Name				
Carnino Paljotte Jr.			Carmino Pulsotta SI.				
Street Address Lanc			14 Junior Lac				
city Jahnston	State	Zip	City Th	25122	State RI	Zip 02919	
8. List ALL directors (names and ac	The Stan St 83914 Check the box to indicate an attachment □						
Director Name			Director Name				
Street Address			Street Address				
			oned: Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Zıp	
9. Shares Authorized 10. S This information is currently of record in the		10. Shares Issue	Gres Issued Check the box to indicate an attachment ☐				
Department of State. Changes require an additional filing.		100		CWP		1	
		100		C 00 y	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,0000	
 This report must be executed o trustee, this report must be execute 					ition is in the	hands of a receiver or	
Under penalty of perjury, I declar	re and affirm that	t I have examined	this report, in	ostee. Ocluding any accomp	anying sche	dules and	
statements, and that all statements and that all statements Name of Authorized Representative	nts contained he	rein are true and	correct.		ID-4-		
			Date	1210			
(arm		71114	<u> </u>	- FE	1/3	2/2019	
Signature of Authorized Represent	auwe	SIGN	JMENT HERE	FILED			
	2 //	7//		500	<u>&</u>		
MAIL TO:	•	4		SEP 0 3 201	3 	•	
Division of Business Services 148 W. River Street, Providence, Rhode	: Island 02904-2615				2900	J	

Phone: (401) 222-3040 Website: www.sos.ri.gov BY () OF ORM 630 - Revised: 10/2017