



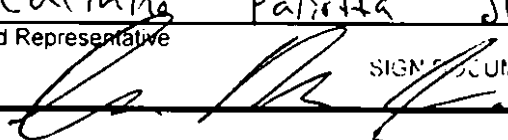
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2019
 Corporation

2019 SEP -3 A 11:01:57 AM

- 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 1687183		2. Exact name of the Corporation Pristine Lawn Care Inc.	
3. Principal Office Address 14 Juniper Lane		City Johnston	State RI
		Zip 02919	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Lawn care, Landscaping		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carmino Paliotha, JR		Vice-President Name Carmino Paliotha Jr.	
Street Address 14 Juniper Lane		Street Address 14 Juniper Lane	
City Johnston	State RI	Zip 02919	City Johnston
Secretary Name Carmino Paliotha Jr.		Treasurer Name Carmino Paliotha Jr.	
Street Address 14 Juniper Lane		Street Address 14 Juniper Lane	
City Johnston	State RI	Zip 02919	City Johnston
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
		100	CWP
		PAR VALUE	\$ 1,000
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 Carmino Paliotha Jr.		Date 9/2/2019	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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

FILED
 SEP 03 2019
 BY **4890BC**
 11:01
 FORM 630 - Revised: 10/2017