



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

Annual Report for the year:
Corporation

2017

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SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV -8 AM 11:06

- 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 000553612		2. Exact name of the Corporation SPORTS TURF SPECIALTIES, INC							
3. Principal Office Address 20 Kenneth Miner Drive		City Wrentham	State MA						
		Zip 02093							
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island SPORTS FIELD CONSTRUCTION & MAINTENANCE								
5. State of Incorporation MA									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Dennis Brodin		Vice-President Name							
Street Address 20 Kenneth Miner Dr.		Street Address							
City Wrentham	State MA	Zip 02093							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	Zip							
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							
Director Name		Director Name							
Street Address		Street Address							
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200,000</td> <td>CNP</td> <td>0.00</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200,000	CNP	0.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
200,000	CNP	0.00							
Changes require an additional filing.									
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 Kathy Saleeba		Date 11/8/19							
Signature of Authorized Representative Kathy Saleeba		<div style="text-align: center;">FILED</div> <div style="text-align: center;">NOV 08 2019</div>							