



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

Annual Report for the year: 2015
 Corporation

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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		5. 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 Brolin			Vice-President Name		
Street Address 20 Kenneth Miner Dr.			Street Address		
City Wrentham	State MA	Zip 02093	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10 Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200,000	CLASS/SERIES CNP	PAR VALUE 0.00	
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 <i>Kathy Saleeba</i>				FILED	
				NOV 08 2019	

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