



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


FILED

Annual Report for the year: 2020
 Corporation

DEC 16 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 14537 OS

1. Entity ID Number <u>L-14372</u>		2. Exact name of the Corporation <u>Macera Landscape Construction</u>			
3. Principal Office Address <u>2223 Plainfield Pike</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>541320</u>		6. Brief description of the character of business conducted in Rhode Island <u>Landscaping</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Luigi Macera</u>			Vice-President Name <u>Same</u>		
Street Address <u>73 Betty Pond Rd</u>			Street Address		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	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 <u>Same</u>			Director Name <u>Same</u>		
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		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	PAR VALUE	
		<u>100 no par value</u>			
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 <u>Luigi Macera, President</u>				Date <u>12/12/19</u>	
Signature of Authorized Representative 					

MAIL TO:
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