



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

Annual Report for the  
**Corporation**

2020

→ Filing period: List the corporation's ID number. The ID number can be found by looking up your entity in the Corporate Database.  
 → Filing Fee: [Redacted]  
 → Penalty: [Redacted]

List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number (2) <b>0602487</b>		2. Exact name of the Corporation (2) <b>Izzo Landscaping Inc</b>	
3. Principal Office Address (2) <b>86 Kingst</b>		List the address of the main business office of the corporation. <b>Narragansett</b>	State <b>RI</b>
4. NAICS Code (2) <b>81110</b>		Select NAICS code that applies to your business. See instructions for further information. <b>Landscaping</b>	Business conducted in Rhode Island (2) <input checked="" type="checkbox"/>
5. State of Incorporation (2) <b>RI</b>		List the type of business the corporation is engaged in Rhode Island.	
List the state under whose laws the company was formed. <b>Matthew J Izzo</b>		List the names and addresses of the officers, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment. <input type="checkbox"/>	
Street Address <b>86 Kingstown Rd</b>		City <b>Narragansett</b>	
State <b>RI</b>		Zip <b>02882</b>	
Secretary Name <b>None</b>		Treasurer Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>		City <b>None</b>	
State <b>None</b>		State <b>None</b>	
Zip <b>None</b>		Zip <b>None</b>	
8. List ALL directors (names and addresses) (2) Director Name <b>None</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>		City <b>None</b>	
State <b>None</b>		State <b>None</b>	
Zip <b>None</b>		Zip <b>None</b>	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>		City <b>None</b>	
State <b>None</b>		State <b>None</b>	
Zip <b>None</b>		Zip <b>None</b>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued (2) Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <b>None</b>	CLASS/SERIES <b>None</b>
			PAR VALUE <b>None</b>
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, its contents, and that all statements contained herein are true and correct. (2)			
Name of Authorized Representative <b>Matthew J Izzo</b>		An authorized representative MUST sign and date the annual report. <b>2019 DEC 23 PM 1:12</b>	
Signature of Authorized Representative 		<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.n.gov

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