RI SOS Filing Number: 201930587540 Date: 12/23/2019 1:13:00 PM State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Repartment Corporatio List the corporation's ID number. The ID → Filing pelnumber can be found by looking up your entity list the name of the corporation. The entity name in the Corporate Database. can be verified through the Corporate Database. → Filing Fe → Penalty: I 1. Entity ID Number (2 2. Exact name of the Corporation 😢 IZZO landscaping inc List the address of the main business State Nurragansett office of the corporation. $\Sigma \mathcal{I}$ ೦೩೪೪೩ Select NAICS code that applies to your business. siness conducted in Rhode Island (M) See instructions for further information. 8 HIIO List the type of business the corporation is Lands (aping 5. State of Incorporation Up engaged in Rhode Island. List the state under whose laws sses) with x to indicate an attachment [the company was formed List the names and addresses of the officers, if MatthewatIzzo applicable. If you require additional space check the Street Address attachment box and be sure to include the entity ID 6 number on the attachment. State Mone RI 62840 Secretary Name Treasurer Name None Street Address Street Address MONR **ለ** ው^ ዩ List the names and addresses of the City State NONR None directors, if applicable. If you require V 1/4 MONL additional space check the attachment 8. List ALL directors (names and addresses) (2) Check the box to indicate an attachment box and be sure to include the entity ID Director Name None number on the attachment. Street Address None City State City State None Nme LONE N 9V NONE Director Name Director N include the number of issued shares, as well as, NUMA Street Add heir respective class/series and par value. If you Street Address require additional space check the attachment box and be sure on include the entity ID number City State City on the attachment. Nane MW L Mone NA 9. Shares Authorized 10. Shares Issued 🕢 Check the box to indicate an attachment L NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Department of State. NINE Nac يره ۱۸ 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, statements, and that all statements contained herein are true and correct. [2] An authorized representative MUST sign Name of Authorized Representative STIR DEC 53 BH 1: 15 and date the annual report. Matthew Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 23 2019 113 KI, LNRGB

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