



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

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

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2020 JAN 13 PM 12:54

1. Entity ID Number 000126682		2. Exact name of the Corporation SEASON'S THREE LANDSCAPING, INC	
3. Principal Office Address 5 BARNABY STREET		City NORTH PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island LANDSCAPING & LANDSCAPE CONSTRUCTION		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL PETIT		Vice-President Name MICHAEL PETIT	
Street Address 5 BARNABY STREET		Street Address 5 BARNABY STREET	
City NORTH PROVIDENCE	State RI	City NORTH PROVIDENCE	State RI
Zip 02904		Zip 02904	
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SAME AS ABOVE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 CLASS/SERIALS PAR VALUE	
		100 NO PAR	
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 MICHAEL PETIT		Date 1/8/2020	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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