RI SOS Filing Number: 202032983490 Date: 1/22/2020 4:00:00 PM

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

FILED
JAN 22 2020
BY 4114 OS

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.

1. Entity ID Number	2. Exact name of the Corporation		
1683141	**Lynnscapes, Inc.**		
3. Principal Office Address: **41 Cross Street**	City: **Westerly**	State: **RI**	Zip: **02891**
4. NAICS Code: 561730	6. Brief description of the character of business conducted in Rhode Island: **To perform all activities associated with landscape services and any other lawful purpose.**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Lynn M. Hill**			Vice-President Name: **Dillon H. Clark**		
Street Address: **41 Cross Street**			Street Address: **28A North Road**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Hopkinton**	State: **RI**	Zip: **02833**
Secretary Name: **Dillon H. Clark**			Treasurer Name: **Dillon H. Clark**		
Street Address: **28A North Road**			Street Address: **28A North Road**		
City: **Hopkinton**	State: **RI**	Zip: **02833**	City: **Hopkinton**	State: **RI**	Zip: **02833**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par Value**

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	Date
Lynn Hill	Jan. 13, 2020

Signature of Authorized Representative: Lynn Hill

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

FORM 630 - Revised: 10/2017