



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

FILED

Annual Report for the year: 2020
Corporation

JAN 22 2020

BY 4114 OS

- 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 1683141		2. Exact name of the Corporation Lynnsapes, 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <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 VA. UF
		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 Lynn Hill				Date JAN. 13, 2020	
Signature of Authorized Representative <i>Lynn Hill</i>					

MAIL TO:
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