



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

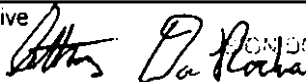
Annual Report for the year: **2020**
Corporation

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

FILED

STAMP
JAN 29 2020

BY 8032 DS

1. Entity ID Number 160937		2. Exact name of the Corporation DaRocha's Landscape Services, LTD			
3. Principal Office Address 227 Plain Street, Suite 200			City Rehoboth	State MA	Zip 02769
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island landscaping services and any other lawful purpose			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony DaRocha			Vice-President Name none		
Street Address 227 Plain Street, Suite 200			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Anthony DaRocha			Treasurer Name Anthony DaRocha		
Street Address 227 Plain Street, Suite 200			Street Address 227 Plain Street, Suite 200		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony DaRocha			Director Name		
Street Address 227 Plain Street, Suite 200			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		common
					PAR VALUE
					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 Anthony DaRocha, President					Date 1/13/2020
Signature of Authorized Representative  NON DOCUMENT HERE					

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