Date: 2/10/2020 4:00:00 PM RI SOS Filing Number: 202034066010



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE **BUS SVCS DIV**

Annual Report for the year:

Corporation

2020 FEB 10 P 2:41

→ 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							
(2. Exact name of the Corporation						
	10976294 MGL Landescaping INC Principal Office Address 35 South bend Street Pautucket R-T. 02860						
3. Principal Office Address 35 South b	end s	freet	Pauli	icket	R-J.	02860	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
961+50	j ,						
5. State of Incorporation	hands caping						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
Marco R (FUC			Vice-President Name				
35 south bend Street			Street Address				
Cinflantucket	State R. T.	2ip 02860	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
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	Ζiρ	
. Shares Authorized 10. Shares Issue							
This information is currently of record in the Department of State.		NUMBER OF S	HARES	CLASS/SERIES PAR VALUE			
Changes require an additional filling.						0	
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 Mario & Crut 2/10/2020							
Signature of Authorized Representative FILED							
/ Cutter							
FFR 1 0 2020							

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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