RI SOS Filing N	Date: 2/24/2020 4:00:00 PM						
State of Rhode Island and Pi Department of State			vision	<del></del> -			_
Annual Report for the year:	: 400	<b>C</b> )					
Corporation	302	<u> </u>					
→ Filing period: January 1 - Mare	ch 1						
→ Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 fee i	if form is not file	ed by April 1.					
1. Entity ID Number 2.	. Exact name of	the Corporation					
000 133 197		•	ard handscaping Company				
3. Principal Office Address			City	,	State_		Zrp _
63 Lafayette	St		Joh	uston.	$\mathbb{R}_{-}$		02919
	. Brief description	n of the character	of business c	onducted in Rhode Isla	and		<u> </u>
541320							
5. State of Incorporation							
RI	Landsca	ping G	rass Co	etting			
7. List ALL officers (names and address	sses)		<del>-</del> -		e box to inc	licate a	ın attachment 🔲
President Name			Vice-President	Name			
Street Address			Street Address	ranich			
63 La Lave Hr ST			63 L	afavette S	st		
City	tate R I	Zip 02919	City_/	) L	State Q -		2ip 02919
Secretary Name		02711	Treasurer Nan	<del></del>	/ /	<u></u>	02/11
Dan Patrick	a.u	" Patrick					
Street Address	Street Address		<i>^+</i>				
log Lafayute	5 (		63	Lagayette	ST		I <del></del> :
city of ust on si	tate RI	Zip 02919	City	uston	State R	<del>[</del>	02919
8. List ALL directors (names and addre	esses)			Check th	ne box to inc		an attachment
Director Name Patrick	Director, Name Day Partick						
Street Address			Stroot Address A				
63 Lafavette S	57		63	Lafayette	2 57		
City	late RI	Zip 02919	City	i / a e t e u	State /2 _	7	2ip 02919
Director Name		00111	Director Name	huslou	<u> </u>		
Dan Patrick	_	in Patrick	-				
Street Address 63 Lafave He	Street Address	Lafavotto	St				
City	late R [	Zip 07919	City/	+ \ -	State	_	2ip 02919
9. Shares Authorized	/\	10. Shares Issued	1 ) oh		o boy to in		n attachment
This information is currently of record in	n the	NUMBER OF SH		CLASS/SERIES	ie dox to inc		PAR VALUE
Department of State.		1000		( - 10 11.	ĺ	O'n	roue
Changes require an additional filing.		7000		Common		$\frac{\smile \mu}{}$	TOUC
11. This report must be executed on b					ation is in th	e hand	s 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				
Dan Patric			en	ED	1 2/1	6/2	1020
Signature of Authorized Representative	- •		716		· · · · ·	<del>-+-</del>	<u>.                                      </u>
SIGN DOCUMENT HERE FFR 2 4 2020 VM							
FFR 2 4 2020 VM							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

