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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	3020
Corporation	3040

- → 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		f the Corporation	,					
000 133 197	the Green Wizard Landscaping Company							
3. Principal Office Address			City	,	1State	1/M		
63 Lafayette	st		Joh	uston.	\mathbb{R}	I 02919		
4. NAICS Code	6. Brief description	on of the character	r of business o	conducted in Rhode Isla	and			
541320								
5. State of Incorporation	l. 1	`		.1.				
RI		iping G	rass Co					
7. List ALL officers (names and add	Iresses)	 	Tre s		e box to ir	ndicate an attachment		
President Name			Vice-Presiden	Name +				
Street Address			Street Address	1911CF		•		
63 La Equette St			63 L	a Gruptle S	st			
	State O	Zip	City /	7,7011	State 0	Zip		
	State R 1	02919	John	uston	K	1 02919		
Secretary Name Patrick			Treasurer Nar	ne Patrick				
Street Address (03 La Carro He	< T		Street Address	Lalayette	ST			
City	State RI	zip 02919	City	4	State ,	I Zip 2919		
Johnston		00111	JOH	uslon				
8. List ALL directors (names and ad	ldresses)		In i		ne box to it	ndicate an attachment		
Director Name Patrick			Director Name	y Partrick				
Street Address	- 4		Street Address		<u>~+</u>			
63 Lafayette	51		63	Laf ayette	2 57			
Sohnston	State RI	Zip 02919	City J	huston	State /Z	I Zip 02919		
Director Name	K		Director Name	in Patrick				
Street Address			Street Address	s , 1 -T1				
63 Lafayette	フヾ		63	Latayelle	フィ			
city Johnston	State RT	Zip 07919	City /	<i>'</i> ' ' -	State	- Zip 29/7		
Januslan		110 00	1)oh		1 0			
9. Shares Authorized This information is currently of recor	d in the	10. Shares Issue		CLASS/SERIES	ie box to ii	ndicate an attachment PAR VALUE		
Department of State.	am are		•	03.03.02				
		1000		Common		Opone		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the cor	poration by an aut	horized repres	sentative. If the corpora	ation is in t	the hands of a receiver or		
trustee, this report must be execute	ed on behalf of the	corporation by the	e receiver or tr	rustee.				
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 Patrick FIED 2/16/2020								
Signature of Authorized Representative 7								
SIGN DOCUMENT HERE FER 2 4 2000 VM								
			FFP (7 2020 · · · · · · · · ·				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

