



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.

1. Entity ID Number <u>000133197</u>		2. Exact name of the Corporation <u>The Green Wizard Landscaping Company</u>			
3. Principal Office Address <u>63 Lafayette St</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>541320</u>		6. Brief description of the character of business conducted in Rhode Island <u>Landscaping, Grass Cutting</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Dan Patrick</u>			Vice-President Name <u>Dan Patrick</u>		
Street Address <u>63 Lafayette St</u>			Street Address <u>63 Lafayette St</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Secretary Name <u>Dan Patrick</u>			Treasurer Name <u>Dan Patrick</u>		
Street Address <u>63 Lafayette St</u>			Street Address <u>63 Lafayette St</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Dan Patrick</u>			Director Name <u>Dan Patrick</u>		
Street Address <u>63 Lafayette St</u>			Street Address <u>63 Lafayette St</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>Dan Patrick</u>			Director Name <u>Dan Patrick</u>		
Street Address <u>63 Lafayette St</u>			Street Address <u>63 Lafayette St</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
9. Shares Authorized 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	PAR VALUE
		<u>1000</u>		<u>Common</u>	<u>One</u>
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 <u>Dan Patrick</u>				Date <u>2/16/2020</u>	
Signature of Authorized Representative <u>Dan Patrick</u>				<div style="text-align: center;"> FILED SIGN DOCUMENT HERE <u>FEB 24 2020</u> <u>KM</u> </div>	

MAIL TO:
 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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