## RECEIVED R.I. DEPT. OF STATE BRS SKOS DIA



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

2020 FEB 27 A 10: 25

Sec. 19. 19

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty <sup>-</sup> Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name of	of the Corporation	on		~	Δ.	
1657305	K2. 6	47d SOV	is land	15capina	Surn	CES SONC	
3 Principal Office Address			City	, ,	State	Zip	
100 HILLED	Or.		CRAN:	ston	RI	. 02920	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
501150 LAMDSCAPING SCRVICES							
5. State of Incorporation							
Z List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Yumball 5 Howe			Vice-Presider	Vice-President Name			
Street Address			Street Addres	Street Address			
City State Zip			City	City State Zıp			
CRANSTON	RI	0 2920	City		State	Ζίρ	
Secretary Name			Treasurer Name				
Street Address Howe			Street Addres	Street Address			
SAME							
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name			Director Nam	Director Name			
Street Address			Street Addres	Street Address			
	T	·			Ta		
City	State	Zip	City		State	Zip	
Director Name Direc				Director Name			
Street Address			Street Address	Street Address			
Silect Address			Street Address	Sileet Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Is	sued	Check	the box to inc	dicate an attachment	
This information is currently of recor	d in the		OF SHARES	CLASS/SERIE		PAR VALUE	
Department of State.			)			0.01	
Changes require an additional filing.				1			
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							
Kimball 5 Haus							
Signature of Authorized Representative							
\$16N DOCUMENT HORF							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY TPAGY A.A. W.27AM.

FORM 630 - Revised: 02/2017