



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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BUS SVCS DIV

2020 FEB 27 A 10:25

Annual Report for the year: 2016

## 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 <b>1657305</b>		2. Exact name of the Corporation <b>K.J. And sons LANDSCAPING SERVICES INC</b>	
3. Principal Office Address <b>102 Hill Top DR.</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>LANDSCAPING SERVICES</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kimball J Howe</b>		Vice-President Name	
Street Address <b>102 Hill Top DR.</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name <b>Stacey M Howe</b>		Treasurer Name	
Street Address <b>SAME</b>		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>0</b> <b>0.01</b>	
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 <b>Kimball J Howe</b>		Date <b>2/27/2020</b>	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT <b>FILED</b>	