State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2020 FEB 27 A 10: 251

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BUS SYCS DIV

Corporation

- -> Filing period: January 1 March 1
- → Filing Fee. \$50.00
- nal \$25.00 fee if form is not filed by April 1

Penalty: Additional \$25.00 fee if form is not filed by April 1.						
1. Entity ID Number	2. Exact name of			_	_	
1657305	KZ. H	<u>nd sons</u>	LANAS	SCAPINA	Surv	_ ,
3. Principal Office Address			City	.)	State	Zip
109 HILLED	Dr.		CRANS	M	INI	- 0292 <i>0</i>
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
501130 LAMOSCAPING SCRYICES						
5. State of Incorporation]					
I Kd						
∠ List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name			Vice-President Name			
Street Address			Street Address			
102 Hill Top DR						
Cranston Cranston	State R 1	z _{ip} Ο 292 0	City		State	Ζιρ
Secretary Name	1 10-1	108180	Treasurer Name		.1	1
Stace, M Howe						
Street Address —			Street Address			
SAME City	State	Zip	City		State	Zip
					0.0.0	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name			Director Name			
Street Address			Street Address			
	la.	15:	ļ <u> </u>		Ta	T-:
City	State	Zip	City		State	Zip
Director Name			Director Name			
Charak Address			Constitution			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
9 Shares Authorized	<u> </u>	10. Shares Issue	<u>d</u>	Chark	the box to in	dicate an attachment 🔲
This information is currently of record in the		NUMBER OF SH				
Department of State.						0.01
Changes require an additional filing.					+	<u> </u>
A. This seems to be supplied to						. h
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 Date						
Kimball 5 Howe 2 27 2000						
Signature of Authorized Representative						
SIGN DOC OF A TO Lights Laboratory						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 7 PAGV A.A. 10:06 A.M.

FORM 630 - Revised: 02/2017