



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

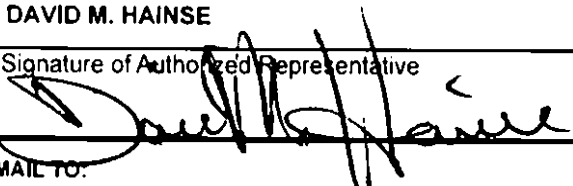
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2020 FEB 27 PM 2: 04

1. Entity ID Number 72065		2. Exact name of the Corporation SURECUT LANDSCAPING, INC.	
3. Principal Office Address P.O. BOX 1183		City COVENTRY	State RI
		Zip 02816	
4. NAICS Code 541300	6. Brief description of the character of business conducted in Rhode Island OUTDOOR LANDSCAPING MAINTENANCE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID M. HAINSE		Vice-President Name DAVID M. HAINSE	
Street Address P.O. BOX 1183		Street Address P.O. BOX 1183	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
Secretary Name DAVID M. HAINSE		Treasurer Name DAVID M. HAINSE	
Street Address P.O. BOX 1183		Street Address P.O. BOX 1183	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	COMMON
			NO PAR
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 DAVID M. HAINSE			Date 2/24/20
Signature of Authorized Representative 			

SIGN DOCUMENT **FILED**

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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FORM 630 - Revised: 10/2017