



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
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 541320	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	Zip 02816	City COVENTRY	State RI	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	Zip 02816	City COVENTRY	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 HERE FILED FEB 27 2020 KL Y3PX 5 2:09	