



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

FILED

MAR 06 2020

Annual Report for the year: 2020
Corporation

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

ny 7030

1. Entity ID Number <u>66395</u>		2. Exact name of the Corporation <u>M. Valtelli Mulchworks Landscape Construction, Inc.</u>	
3. Principal Office Address <u>350 Pippin Orchard Rd.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02921</u>	
4. NAICS Code <u>561730</u>	6. Brief description of the character of business conducted in Rhode Island <u>Business of general landscape and construction services.</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michael J. Valtelli</u>		Vice-President Name <u>NONE</u>	
Street Address <u>350 Pippin Orchard Rd.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
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 CLASS/SERIES PAR VALUE	
		<u>NONE</u>	
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. <u>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.</u>			
Name of Authorized Representative <u>Michael J. Valtelli</u>		Date <u>2/27/2020</u>	
Signature of Authorized Representative <u>Michael Valtelli</u>			

MAIL TO:
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Website: www.sos.ri.gov