RI SOS Filing Number: 202039231350 Date: 5/4/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020

MAY 04 2020

KL 56074

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	2. Exact name of the Corporation							
001681479	A&D LANDSCAPING, INC							
3. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City		State	Zip		
3501 PAWTUCKET AVE. #329			RIVERSIDE		RI	02915		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
561730	LANDSCAPING SERVICES							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and ad	dresses)			Check	the box to in	ndicate an attachment 🔲		
President Name ROBERT A WILLEY			Vice-President Name ROBERT A WILLEY					
Street Address 3501 PAWTUCKET AVE #329			Street Address 3501 PAWTUCKET AVE #329 City RIVERSIDE State RI Zip 02915					
City RIVERSIDE	State Ri	^{Zip} 02915	City RIVERS	City RIVERSIDE		^{Zip} 02915		
Secretary Name ROBERT A WILLEY			Treasurer Nan	Treasurer Name ROBERT A WILLEY				
Street Address 3501 PAWTUCKET AVE #329			Street Address 3501 PAWTUCKET AVE #329					
City RIVERSIDE	State RI	^{Zip} 02915	City RIVERSIDE		State RI	^{Žip} 02915		
8. List ALL directors (names and a	ddresses)			Check	the box to ir	ndicate an attachment 🔲		
Director Name NONE			Director Name	Director Name NONE				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Director Name NONE			Director Name	Director Name NONE				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	1 .	10. Shares Is	sued	Check	the box to in	ndicate an attachment		
This information is currently of rec	ord in the					PAR VALUE		
Department of State.		2000		COMMON		NO PAR		
Changes require an additional filing] .							
11. This report must be executed	on behalf of the	corporation by an	authorized repre	sentative. If the corpo	ration is in t	he hands of a receiver or		
trustee, this report must be execu						- hadulaa aad		
Under penalty of perjury, I decident statements, and that all statements.				ncluding any accon	ipanying s	cnedules and		
Name of Authorized Representative					Date			
ROBERT A WILLEY					03/09/2020			
Signature of Authorized Represer	tative							
4 sottil	n/	8 93% - 0	DOUTTENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov