



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

FILED

Annual Report for the year: 2020
Corporation

MAY 04 2020

KL 56074

- 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 001681479		2. Exact name of the Corporation A&D LANDSCAPING, INC			
3. Principal Office Address 3501 PAWTUCKET AVE. #329			City RIVERSIDE	State RI	Zip 02915
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
Secretary Name ROBERT A WILLEY			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	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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
		2000		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.					
<i>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.</i>					
Name of Authorized Representative ROBERT A WILLEY					Date 03/09/2020
Signature of Authorized Representative SIGN DOCUMENT HERE					