



State of Rhode Island

Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 SEP 10 PM 2:15

1. Entity ID Number 1077777		2. Exact name of the Corporation Sanchez Lawn Care Inc												
3. Principal Office Address 16 maple ave		City Johnston		State RI	Zip 02919									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Lawn Care Service												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Erick A Sanchez Urizar			Vice-President Name NONE											
Street Address 16 maple ave			Street Address											
City Johnston	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>10,000</td><td>Common Stock</td><td>NONE</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	Common Stock	NONE			
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10,000	Common Stock	NONE												
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 Erick A Sanchez Urizar				Date 09/10/2020										
Signature of Authorized Representative <i>Erick Sanchez</i>				FILED <i>C</i>										

MAIL TO:
Division of Business Services

SEP 10 2020

BY *Cur 25942*
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