



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

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

JAN 20 2021
 BY 13387

| | | | | | |
|---|-------------|---|-----------------|--------------|--|
| 1. Entity ID Number 35344 | | 2. Exact name of the Corporation J. MORETTI LANDSCAPING, INC. | | | |
| 3. Principal Office Address 26 Palm Street | | City North Providence | | State RI | Zip 02904 |
| 4. NAICS Code <u>541320</u> | | 6. Brief description of the character of business conducted in Rhode Island Landscaping, maintenance, and construction | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Joyce Mello | | Vice-President Name | | | |
| Street Address 10 Garwaine Drive | | Street Address | | | |
| City Lincoln | State RI | Zip 02865 | City | State | Zip |
| Secretary Name Joyce Mello | | Treasurer Name Joyce Mello | | | |
| Street Address 10 Garwaine Drive | | Street Address 10 Garwaine Drive | | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | Zip 02865 |
| 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 | | 10. Shares Issued | | | |
| 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 Value |
| | | | | | |
| 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 Joyce Mello | | | | | Date 1/11/21 |
| Signature of Authorized Representative | | | | | |