



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**STAMP**

**Annual Report for the year:** 2021  
**Corporation**

JAN 31 2021

BY

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- 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 795927		2. Exact name of the Corporation FOUREVER GREEN TURF MANAGEMENT, INC.			
3. Principal Office Address 132 Rollingwood Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 1561730		6. Brief description of the character of business conducted in Rhode Island For the purpose of residential and commercial turf management including but not limited to fertilization.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Brian Mathew Muoio			Vice-President Name Brian Mathew Muoio		
Street Address 132 Rollingwood Drive			Street Address 132 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Brian Mathew Muoio			Treasurer Name Brian Mathew Muoio		
Street Address 132 Rollingwood Drive			Street Address 132 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		1,000		common	51
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.					
<b>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.</b>					
Name of Authorized Representative Brian Mathew Muoio					Date 1/16/21
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
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