



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
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 27 2021
 BY

1. Entity ID Number <input type="text" value="117650"/>		2. Exact name of the Corporation <input type="text" value="D. GORMAN LANDSCAPING CO., INC."/>	
3. Principal Office Address <input type="text" value="24 Hornbeam Road"/>		City <input type="text" value="Coventry"/>	State <input type="text" value="RI"/>
		Zip <input type="text" value="02816"/>	
4. NAICS Code <input type="text" value="561730"/>	6. Brief description of the character of business conducted in Rhode Island <input type="text" value="TO ENGAGE IN THE BUSINESS OF LANDSCAPING"/>		
5. State of Incorporation <input type="text" value="Rhode Island"/>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <input type="text" value="David J. Gorman"/>		Vice-President Name <input type="text" value="David J. Gorman"/>	
Street Address <input type="text" value="24 Hornbeam Road"/>		Street Address <input type="text" value="24 Hornbeam Road"/>	
City <input type="text" value="Coventry"/>	State <input type="text" value="RI"/>	City <input type="text" value="Coventry"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="02816"/>		Zip <input type="text" value="02816"/>	
Secretary Name <input type="text" value="David J. Gorman"/>		Treasurer Name <input type="text" value="David J. Gorman"/>	
Street Address <input type="text" value="24 Hornbeam Road"/>		Street Address <input type="text" value="24 Hornbeam Road"/>	
City <input type="text" value="Coventry"/>	State <input type="text" value="RI"/>	City <input type="text" value="Coventry"/>	State <input type="text" value="RI"/>
Zip <input type="text" value="02816"/>		Zip <input type="text" value="02816"/>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <input type="text"/>		Director Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>		Zip <input type="text"/>	
Director Name <input type="text"/>		Director Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>		Zip <input type="text"/>	
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"/>	
		NUMBER OF SHARES <input type="text" value="1000"/>	CLASS/SERIES <input type="text" value="COMMON"/>
			PAR VALUE <input type="text" value="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. <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 <input type="text" value="DAVID J. GORMAN"/>		Date <input type="text" value="January 19, 2021"/>	
Signature of Authorized Representative 			

MAIL TO:
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 Website: www.sos.ri.gov