



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED STAMP

JAN 28 2021

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1. Entity ID Number 67501		2. Exact name of the Corporation WEST BAY LANDSCAPE, INC.			
3. Principal Office Address 199 RIVER ROAD			City NORTH KINGSTOWN	State RI	Zip 02874
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE CONSTRUCTION, MAINTENANCE AND DESIGN.			
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 MICHAEL A. GIRARDI			Vice-President Name MICHAEL A. GIRARDI		
Street Address 199 RIVER ROAD			Street Address 199 RIVER ROAD		
City NORTH KINGSTOWN	State RI	Zip 02874	City NORTH KINGSTOWN	State RI	Zip 02874
Secretary Name MICHAEL A. GIRARDI			Treasurer Name MICHAEL A. GIRARDI		
Street Address 199 RIVER ROAD			Street Address 199 RIVER ROAD		
City NORTH KINGSTOWN	State RI	Zip 02874	City NORTH KINGSTOWN	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL A. GIRARDI			Director Name		
Street Address 199 RIVER ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
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		
			100	COMMON	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 MICHAEL A. GIRARDI, PRESIDENT					Date 1-21-2021
Signature of Authorized Representative <i>Michael A. Girardi</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov