



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
JAN 28 2021
STAMP

597

1. Entity ID Number 853531		2. Exact name of the Corporation GLENN D. PIERCE LAWN CARE, LTD.			
3. Principal Office Address 241 LAFAYETTE ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LAWN CARE AND LANDSCAPING.			
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 GLENN D. PIERCE			Vice-President Name		
Street Address 241 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name GLENN D. PIERCE			Treasurer Name GLENN D. PIERCE		
Street Address 241 LAFAYETTE ROAD			Street Address 241 LAFAYETTE ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GLENN D. PIERCE			Director Name		
Street Address 241 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	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		PAR VALUE
			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 GLENN D. PIERCE, PRESIDENT					Date 01/05/21
Signature of Authorized Representative 			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