



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year:  
Corporation

FEB 04 2021

BY

→ 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<br>000118273                                                                                                                                                                                                                  |                                                                                                                 | 2. Exact name of the Corporation<br>Charles Lawn Service Inc.                                                                                                                            |             |                  |              |           |      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|--------------|-----------|------|--|--|
| 3. Principal Office Address<br>54 Dunns Corners Rd                                                                                                                                                                                                |                                                                                                                 | City<br>Westley                                                                                                                                                                          | State<br>RI |                  |              |           |      |  |  |
| Zip<br>02891                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                          |             |                  |              |           |      |  |  |
| 4. NAICS Code<br>561730                                                                                                                                                                                                                           | 6. Brief description of the character of business conducted in Rhode Island<br>Lawn Care, cutting, maintenance, |                                                                                                                                                                                          |             |                  |              |           |      |  |  |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                                                          |             |                  |              |           |      |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                                                   |                                                                                                                 |                                                                                                                                                                                          |             |                  |              |           |      |  |  |
| President Name<br>Charles E. Hancock, III                                                                                                                                                                                                         |                                                                                                                 | Vice-President Name                                                                                                                                                                      |             |                  |              |           |      |  |  |
| Street Address<br>44 Small Oak Trail                                                                                                                                                                                                              |                                                                                                                 | Street Address                                                                                                                                                                           |             |                  |              |           |      |  |  |
| City<br>West Kingston                                                                                                                                                                                                                             | State<br>RI                                                                                                     | Zip<br>02892                                                                                                                                                                             |             |                  |              |           |      |  |  |
| Secretary Name                                                                                                                                                                                                                                    |                                                                                                                 | Treasurer Name                                                                                                                                                                           |             |                  |              |           |      |  |  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                                 | Street Address                                                                                                                                                                           |             |                  |              |           |      |  |  |
| City                                                                                                                                                                                                                                              | State                                                                                                           | Zip                                                                                                                                                                                      |             |                  |              |           |      |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                                                  |                                                                                                                 |                                                                                                                                                                                          |             |                  |              |           |      |  |  |
| Director Name                                                                                                                                                                                                                                     |                                                                                                                 | Director Name                                                                                                                                                                            |             |                  |              |           |      |  |  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                                 | Street Address                                                                                                                                                                           |             |                  |              |           |      |  |  |
| City                                                                                                                                                                                                                                              | State                                                                                                           | Zip                                                                                                                                                                                      |             |                  |              |           |      |  |  |
| Director Name                                                                                                                                                                                                                                     |                                                                                                                 | Director Name                                                                                                                                                                            |             |                  |              |           |      |  |  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                                 | Street Address                                                                                                                                                                           |             |                  |              |           |      |  |  |
| City                                                                                                                                                                                                                                              | State                                                                                                           | Zip                                                                                                                                                                                      |             |                  |              |           |      |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                              |                                                                                                                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                   |             |                  |              |           |      |  |  |
|                                                                                                                                                                                                                                                   |                                                                                                                 | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> </tbody> </table> |             | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | NONE |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                  | CLASS/SERIES                                                                                                    | PAR VALUE                                                                                                                                                                                |             |                  |              |           |      |  |  |
| 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<br>Monica Beas                                                                                                                                                                                                  |                                                                                                                 | Date<br>1-28-21                                                                                                                                                                          |             |                  |              |           |      |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |                                                                                                                 |                                                                                                                                                                                          |             |                  |              |           |      |  |  |

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 08/2020