



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


**FILED**

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

FEB 10 2021 NMP

BY SOLOB OS

- 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 8852		2. Exact name of the Corporation McGill Landscaping, Inc.			
3. Principal Office Address P.O. Box 112			City Barrington	State RI	Zip 02806
4. NAICS Code 561703		6. Brief description of the character of business conducted in Rhode Island Nursery and landscaping business.			
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 Robert E. McGill			Vice-President Name		
Street Address P.O. Box 112			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name Robert E. McGill		
Street Address			Street Address P.O. Box 112		
City	State	Zip	City Barrington	State RI	Zip 02806
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	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/SERIES		PAR VALUE
			600 shs	common	no par
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 Robert E. McGill					Date
Signature of Authorized Representative 					

**MAIL TO:**  
**Division of Business Services**  
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 Website: www.sos.ri.gov