



State of Rhode Island

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.

FEB 24 2021
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1. Entity ID Number 000112848		2. Exact name of the Corporation Spring Green Landscape Masonry, Inc.			
3. Principal Office Address 592 South County Trail			City Exeter	State RI	Zip 02822
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island To engage in the landscape and masonry business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PAUL D. CAMARA			Vice-President Name		
Street Address 592 SOUTH COUNTY TRAIL			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Secretary Name PAUL D. CAMARA			Treasurer Name PAUL D. CAMARA		
Street Address 592 SOUTH COUNTY TRAIL			Street Address 592 SOUTH COUNTY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name PAUL D. CAMARA			Director Name		
Street Address 592 SOUTH COUNTY TRAIL			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8000	STK	\$1.0
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 PAUL D. CAMARA, PRESIDENT				Date 1-21-21	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Phone: (401) 272-3040
 Website: www.sos.ri.gov