



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.

MAR 09 2021

2020

| | | | | | |
|--|-------|---|---|-------------------------|---------------------|
| 1. Entity ID Number <u>000802227</u> | | 2. Exact name of the Corporation <u>Eagle Eye Landscaping, Inc</u> | | | |
| 3. Principal Office Address <u>1142 Plainfield St.</u> | | City <u>Johnston</u> | | State <u>RI</u> | Zip <u>02919</u> |
| 4. NAICS Code <u>561730</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Landscaping</u> | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Cristina Marozzi</u> | | | Vice-President Name <u>None</u> | | |
| Street Address <u>1142 Plainfield St.</u> | | | Street Address | | |
| City <u>Johnston</u> | | State <u>RI</u> | Zip <u>02919</u> | | |
| Secretary Name <u>none</u> | | | Treasurer Name <u>none</u> | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name <u>none</u> | | | Director Name <u>none</u> | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| Director Name <u>none</u> | | | Director Name <u>none</u> | | |
| 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 | | PAR VALUE |
| | | | <u>600</u> | | <u>0</u> |
| | | | <u>CNP</u> | | <u>0</u> |
| | | | | | |
| 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 <u>Cristina Marozzi</u> | | | | Date <u>2/5/2021</u> | |
| Signature of Authorized Representative <u>Cristina Marozzi</u> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov