RI SOS Filing Number: 202194701020 Date: 3/17/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILEL

Annual Report for	r 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 17 2021	`
BY/126	

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
001666581	MELUCCI & SON LANDSCAPING INC								
3. Principal Office Address			City		State	Zip			
41 ARROW AVENUE			WARWICK		RI	02886			
4. NAICS Code	6. Brief desc	ription of the charac	cter of business co	onducted in Rhode Isl	and				
812990	LANDSCAPING SERVICES								
5. State of Incorporation	7								
RI									
7. List ALL officers (names and ad	dresses)	-		Check t	he box to i	ndicate an attachment			
President Name NICHOLAS R MELUCCI			Vice-President Name						
Street Address 41 ARROW AVE			Street Address						
^{City} WARWICK	State RI	Zip ₀₂₈₈₆	City		State	Zip			
Secretary Name		Treasurer Name			1	I .			
Street Address		Street Address							
City	State	Zip	City		State	Zip			
8. List ALL directors (names and a	addresses)			Check t	he box to i	indicate an attachment			
Director Name SAME			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			
		1.5 5			1				
	9. Shares Authorized 10. Shares Iss This information is currently of record in the					PAR VALUE			
Department of State. Changes require an additional filing.		100			COMMON NO F				
11. This report must be executed	on behalf of the	corporation by an	authorized repres	entative. If the corpor	ration is in	the hands of a receiver or			
trustee, this report must be execu	ted on behalf o	f the corporation by	the receiver or tr	ustee.					
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					Date				
NICHOLAS MELUCCI					03/09/2021				
Senature of Authorized Represen	a = 1	a'							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov