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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 18 2021
BY 1190

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.

1. Entity ID Number	2. Exact name of the Corporation
128743	Cambio & Son Landscaping, Inc.

3. Principal Office Address	City	State	Zip
100 Thrush Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	Landscape construction and maintenance services
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert D. Cambio			Vice-President Name: Robert D. Cambio		
Street Address: 100 Thrush Road			Street Address: 100 Thrush Road		
City: Warwick	State: RI	Zip: 02996	City: Warwick	State: RI	Zip: 02886
Secretary Name: Robert D. Cambio			Treasurer Name: Robert D. Cambio		
Street Address: 100 Thrush Road			Street Address: 100 Thrush Road		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert D. Cambio			Director Name		
Street Address: 100 Thrush Road			Street Address		
City: Warwick	State: RI	Zip: 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	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	Date
Robert D. Cambio	2/19/21

Signature of Authorized Representative: Robert D Cambio — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017