RI SOS Filing Number: 202194831510 Date: 3/22/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report f	or the year:	2021
Corporation	•••	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

MAR 2 2 2021
BY_0_10

→ Penalty: Additional \$25.0	00 fee if form is no	t filed by April 1.		_					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation							
001700458	Keystone Lai	Keystone Landscaping and Painting, Inc.							
. Principal Office Address			City		State	Zip			
846 Main Avenue			Warwick		RI	02886			
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island							
561730	Landscaping and painting services.								
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names and	addresses)				ne box to ir	ndicate an attachment 🔲			
President Name Peter J. Poulos			Vice-President Name Peter J. Poulos						
Street Address 846 Main Avenue			Street Address 846 Main Avenue						
City Warwick	State R1	Zip 02886		City Warwick		Zip 02886			
Secretary Name Peter J. Poulos			Treasurer Name Peter J. Poulos						
Street Address 846 Main Avenue		Street Address 846 Main Avenue							
City Warwick	State RI	Zip 02886	City Warwick		State RI	Zip 02886			
8. List ALL directors (names an	d addresses)				he box to i	ndicate an attachment			
Director Name Peter J. Poulos			Director Name	•					
Street Address 846 Main Avenue			Street Address						
City Warwick	State RI	Zip 02886	City		State	Zıp			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized					Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SFR ES PAR VALUE					
Changes require an additional filing.		3,000		Common		No par value			
11. This report must be execut	ed on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or			
trustee, this report must be exe	ecuted on behalf of	the corporation by	the receiver or tr	rus <u>tee.</u>	_				
Under penalty of perjury, I de statements, and that all state				nciuoing any accom	panying S				
Name of Authorized Representative					Date	Date			
Peter J. Poulos					3/18/2021				
Signature of Authorized Repre	sentative	Prend of	1						
1100 1100		<i>/</i>							

MAIL TO:

Division of Business Services

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

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