RI SOS Filing Number: 202194978990 Date: 3/25/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

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al Report for the year: Corporation

2021

54 A 6336

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is a

Penalty Additional \$25.00 fee if form is	not filed by April 1.					
Entity ID Number 2. Exact na	ame of the Corporation			, 	-	
000036977 Ch	· · · · · · /	maed	au land	Scar	Ding Inc	
Principal Office Address		City	-	State/	Zip	
14 Danielson	Pike	_Sc	iTuaTe	RI	[W857	
4. NAICS Code 6. Brief des	scription of the characte	r of business o	conducted in Rhode Is	land	,	
	rass cut	Tri	m, wee	9,0	Ranyp	
5. State of Incorporation R I				•	leaves	
7. List ALL officers (names and addresses)		-	Check	the box to i	ndicate an attachment	
President Name Charles D. Mong	leau	Vice-Presiden			ngean	
Street Address / / / / anie/504 Pi	Le	Street Address	Danielso		?Ke	
City Sci TuaTe State PI	2p 02857	City Sci	TuaTe	State	T 02857	
	geau	Treasurer Nan	w/es D.	Mon	geau	
Street Address 14 Daniel 604	Pike .	Street Address		509	Pike	
City Sci Tuate State R	T. 102857	City SC	TuaTe	State	Z 202857	
List ALL directors (names and addresses)			Check	the box to i	ndicate an attachment 🔲	
Charles D. Mone	geau	Director Name		Mon	19eau	
Street Address Danielson	Pike	Street Address		on	P.Ke	
SC, TV aTe State R-	I 210 02857	City SCI	TuaTe	State	Z 02857	
	igeau	Director Name	arles D.	Moi	19844	
Street Address Anielsoy	P.Ke	Street Address		01	Pike	
City Sc, Tuate State 7	02857	City SC;	Tuate	State	T 02857	
9. Shares Authorized	10. Shares Issue		Check t	he box to ir	ndicate an attachment	
This information is currently of record in the Department of State.	NUMBER OF S	HARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filling.	1000	>	Commo	n	0	
11. This report must be executed on behalf of the	ne corporation by an aut	horized repres	sentative. If the corpor	ation is in t	he hands of a receiver or	
trustee, this report must be executed on behalf	of the corporation by the	e 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 (hav le () Managan				Date 7 —	22-21	
Signature of Authorized Representative						
Charles S. Mongean						
MAIL TO:	//					

Division of Business Services

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

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