



State of Rhode Island

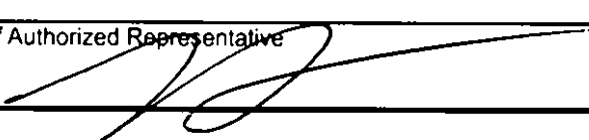
Department of State - Business Services Division

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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR 26 PM 3:20

1. Entity ID Number 8116544		2. Exact name of the Corporation PSI PROPERTY MAINTENANCE AND LANDSCAPING INC			
3. Principal Office Address 3 VINEYARD TERRACE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island PROPERTY MAINTENANCE OF INTERIOR AND OR EXTERIOR OF RESIDENTIAL AND COMMERCIAL PROPERTIES AND REPAIRS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name LOUIS COTOIA JR			Vice-President Name		
Street Address 3 VINEYARD TERRACE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			0.01		
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 LOUIS COTOIA JR				Date 3/25/2021	
Signature of Authorized Representative 					

FILED