RI SOS Filing Number: 202195009440 Date: 3/26/2021 3:23:00 PM

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	2. Exact name of the Corporation
811544	**PSI PROPERTY MAINTENANCE AND LANDSCAPING INC**

3. Principal Office Address	City	State	Zip
3 VINEYARD TERRACE	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	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	Vice-President Name
LOUIS COTOIA JR	
Street Address	Street Address
3 VINEYARD TERRACE	
City / State / Zip: JOHNSTON / RI / 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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		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	Date
LOUIS COTOIA JR	3/25/2021

Signature of Authorized Representative

FILED

MAR 26 2021

BY SIEOA. DOZ - 7/30/13

A.A. 3:23 PM

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: 08/2020