



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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 R.I. DEPT. OF S.
 BUSINESS SERVICES

2021 MAR 31 A 0:30

- 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 000093424		2 Exact name of the Corporation ACETO PROPERTY SERVICE, INC			
3. Principal Office Address 7 WILLIAMS WAY			City CRANSTON	State R.I.	Zip 02921
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island To engage in providing residential and/or commercial landscaping			
5 State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Felippo Aceto			Vice-President Name Luigi Aceto		
Street Address 7 Williams Way			Street Address 626 Scituate Ave		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02919
Secretary Name Felippo Aceto			Treasurer Name Jennifer Aceto		
Street Address 7 Williams Way			Street Address 7 Williams Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Felippo Aceto			Director Name		
Street Address 7 Williams Way			Street Address		
City Cranston	State RI	Zip 02121	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Commom
			PAR VALUE		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 Felippo Aceto				Date 3/19/2021	
Signature of Authorized Representative <i>Felippo Aceto</i>				FILED	

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

MAR 31 2021
 BY 4-106300
 8:30
 FORM 630 - Revised 3/08/2020