



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2018**  
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  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000065147</b>		2. Exact name of the Corporation <b>A-OK TURF EQUIPMENT INC</b>		2021 JUN -7 A 11:50										
3. Principal Office Address 1357 MAIN STREET			City COVENTRY	State RI	Zip 02816									
4. NAICS Code 444210	6. Brief description of the character of business conducted in Rhode Island TURF EQUIPMENT SALES													
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name JOANNE P CORNICELLI			Vice-President Name MICHAEL D CORNICELLI											
Street Address 7 JUPITER LANE UNIT E			Street Address 7 JUPITER LANE UNIT E											
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	CNP	0												
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.														
<b>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.</b>														
Name of Authorized Representative MICHAEL D CORNICELLI, VICE PRESIDENT				Date 6/3/2021										
Signature of Authorized Representative 														

FILED

JUN 07 2021

BY Ch 26141

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