



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

2021 JUN -1 A 11:50

1. Entity ID Number 000065147		2. Exact name of the Corporation A-OK TURF EQUIPMENT INC			
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)					Check the box to indicate an attachment <input type="checkbox"/>
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)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 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.					
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 MICHAEL D CORNICELLI, VICE PRESIDENT				Date 6/3/2021	
Signature of Authorized Representative 					

FILED

JUN 07 2021

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