RI SOS Filing Number: 202197870750 Date: 6/7/2021 11:53:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 JUN -7 A 11:50

1. Entity ID Number	2. Exact name of the Corporation			
000065147	A-OK TURF EQUIPMENT INC			
3. Principal Office Address		City	State	Zip
1357 MAIN STREET		COVENTRY	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
444210	TURF EQUIPMENT SALES			
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		
JOANNE P CORNICELLI			MICHAEL D CORNICELLI		
Street Address			Street Address		
7 JUPITER LANE UNIT E			7 JUPITER LANE UNIT E		
City / State / Zip			City / State / Zip		
WYOMING	RI	02898	WYOMING	RI	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 ☐

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.	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.

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
MICHAEL D CORNICELLI, VICE PRESIDENT	6/3/2021

Signature of Authorized Representative

FILED
JUN 07 2021
BY
11:53

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