



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2016**

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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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 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		
			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 MICHAEL D CORNICELLI, VICE PRESIDENT					Date 6/3/2021
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 08/2020