



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JUN 11 2021

BY

1. Entity ID Number <u>000116095</u>		2. Exact name of the Corporation <u>Payne Farm Landscaping</u>	
3. Principal Office Address <u>Payne Road</u>		City <u>Block Island</u>	State <u>RI</u>
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>landscaping</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Cathy Payne</u>		Vice-President Name <u>Tristan Payne</u>	
Street Address <u>Payne Rd, box 654</u>		Street Address <u>High St</u>	
City <u>Block Island</u>	State <u>RI</u>	City <u>Block Island</u>	State <u>RI</u>
Zip <u>02807</u>		Zip <u>02807</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	<u>0</u>
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 <u>Cathy Payne</u>		Date <u>6.7.21</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov