



State of Rhode Island and Providence Plantations
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.

RECEIVED STATE
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 APR 19 AM 11:43

1. Entity ID Number 509925		2. Exact name of the Corporation Tony & Sons Landscaping and Sealcoating, Inc.			
3. Principal Office Address 626 Greenville Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Landscaping and sealcoating.				
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 Antonio Marraffino			Vice-President Name Franco Marraffino		
Street Address 626 Greenville Avenue			Street Address 626 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Maria Marraffino			Treasurer Name Robert Marraffino		
Street Address 626 Greenville Avenue			Street Address 626 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS SERIES PAR VALUE		
			200	COMMON	NO PAR
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 <i>Franco Marraffino</i>					Date 03/01/21
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

2021 JUN 17 PM 2:59
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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

FORM 630 - Revised: 10/2017

JUN 17 2021
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A.A. 3:01pm.