RI SOS Filing Number: 202199207400 Date: 7/9/2021 12:31:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

R.I. DEPT. OF STATE STAMP BUS SYCS DIV	>
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Penalty: Additional \$25     Entity ID Number				<u></u>					
001675640		2. Exact name of the Corporation RODERICK LANDSCAPES, INC.							
3. Principal Office Address			City		State	Zip			
140 BRAMANS LANE			PORTSM	OUTH	RI	02871			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
561730	LANDSCA	LANDSCAPING SERVICES							
5. State of Incorporation		<b>-1</b>							
RI	j								
7. List ALL officers (names an	nd addresses)			Che	ck the box to inc	licate an attachment			
President Name PAUL H. RODERICK			Vice-President Name						
Street Address 140 BRAMANS LANE			Street Address						
City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City		State	Zip			
Secretary Name PAUL H. RODERICK			Treasurer Name PAUL H. RODERICK						
Street Address 140 BRAMANS LANE			Street Address 140 BRAMANS LANE						
<sup>City</sup> PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City PORTSMOUTH State R			<sup>Zip</sup> 02871			
8. List ALL directors (names a	and addresses)	. <b>.</b>		Che	eck the box to inc	dicate an attachment			
Director Name PAUL H. RODERICK			Director Name						
Street Address 140 BRAMANS LANE			Street Address						
City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Žip			
9. Shares Authorized This Information is currently of	record in the	10. Shares Iss							
Department of State.		1000		CWP		1.00			
Changes require an additional	filing.								
11. This report must be executrustee, this report must be ex	ited on behalf of the	corporation by an a	authorized repre	esentative. If the co	rporation is in th	e hands of a receiver or			
Under penalty of perjury, I o	declare and affirm	that I have examin	ed this report,	including any acc	companying sci	nedules and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date				
PAUL H. RODERICK					7/1/2021	7/1/2021			
Signature of Authorized Repri	esentative			FILED					
		<del></del>		IIII					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ni.gov JUL **09** 2021

FORM 630 - Revised: 08/2020