



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation

MAR 07 2022

BY B. Rossi

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number <u>0019370</u>		2. Exact name of the Corporation <u>Oceaneers Landscaping Co., Inc.</u>			
3. Principal Office Address <u>5 Highland Terrace</u>		City <u>Smithfield</u>		State <u>R.I.</u>	Zip <u>02917</u>
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>landscape gardening and all acts incidental thereto.</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Robert Rossi</u>			Vice-President Name <u>Paula A. Rossi</u>		
Street Address <u>5 Highland Terrace</u>			Street Address <u>5 Highland Terrace</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>
Secretary Name <u>Robert Rossi</u>			Treasurer Name <u>Robert Rossi</u>		
Street Address <u>5 Highland Terrace</u>			Street Address <u>5 Highland Terrace</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Robert Rossi</u>			Director Name		
Street Address <u>5 Highland Terrace</u>			Street Address		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. <u>600</u> Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>COMMON</u>	<u>NO PAR VALUE</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>Robert J. Rossi</u>				Date <u>3/5/22</u>	
Signature of Authorized Representative					