



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

FEB 02 2023 *RL*  
*2341*

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

1. Entity ID Number 00006534		2. Exact name of the Corporation IDEAL LAWNMOWER SHOP, INC			
3. Principal Office Address 1022 EDDIE DOWLING HIGHWAY			City N SMITHFIELD	State RI	Zip 02985
4. NAICS Code 81141		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING EQUIPMENT REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WAYNE PANDOLFI			Vice-President Name		
Street Address 992 EDDIE DOWLING HIGHWAY			Street Address		
City N SMITHFIELD	State RI	Zip 02895	City	State	Zip
Secretary Name WAYNE PANDOLFI			Treasurer Name		
Street Address 992 EDDIE DOWLING HIGHWAY			Street Address		
City N SMITHFIELD	State	Zip 02895	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600	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. <b>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.</b>					
Name of Authorized Representative WAYNE PANDOLFI				Date 1/29/23	
Signature of Authorized Representative <i>Wayne Pandolfi</i>					

MAIL TO:  
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 Website: www.sos.n.gov