

20/2021 11.20.2021

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Annual Report for the year:  
Corporation

→ Filing period January 1 - March 1

→ Filing Fee \$50.00

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

FEB 13 2023

BY

1 Entity ID Number 000014081		2 Exact name of the Corporation STATON'S LANDSCAPING INC.			
3 Principal Office Address 48 KINNICUTT AVE			City WARREN		State RI
4 NAICS Code 561730			6 Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES		
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 CHARLES A. STATON JR			Vice-President Name PATRICIA D STATON		
Street Address 48 KINNICUTT AVENUE			Street Address 48 KINNICUTT AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name PATRICIA D STATON			Treasurer Name CHARLES A. STATON JR		
Street Address 48 KINNICUTT AVENUE			Street Address 48 KINNICUTT AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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 500		CLASS/SERIES CNP
			PAR VALUE 0		
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 Charles A Staton			Date 2/13/23		
Signature of Authorized Representative CHARLES A STATON JR			FEB 13 2023		
			BY <u>S28728590</u>		

MAIL TO:

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