State of Rhode Island

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

Annual Report for the year:	2023
A	2020

MAR 3 1 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

A. E-NA ID No. 1	10.5	/AL D			_	<del></del>		
1. Entity ID Number		2. Exact name of the Corporation						
161431	TWLC La	ndscaping, Ir	1C.					
3. Principal Office Address			City		State	Zip		
57 Mckay Court		Warwick		RI	02889			
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island						
41320	Landscap	Landscaping						
5. State of Incorporation								
RI								
7. List ALL officers (names ar	nd addresses)			Check	the box to	ndicate an attachment 🔲		
President Name Wayne Atwood Jr.			Vice-President Name					
Street Address 57 Mckay Court			Street Address					
City Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zıp		
Secretary Name Wayne Atwood Jr.		Treasurer Name Wayne Atwood Jr.						
Street Address 57 Mckay Court		Street Address 57 Mckay Court						
<sup>Спу</sup> Warwick	State RI	<sup>Z·p</sup> `02889	City Warwick		State RI	<sup>2</sup> 02889		
8. List ALL directors (names a	and addresses)	···········		Check	the box to	indicate an attachment 🔲		
Director Name Wayne Atwood Jr.		Director Name						
Street Address 57 Mckay Court			Street Address					
City Warwick	State RI	<sup>Zip</sup> 02889	City		State	Ζp		
Director Name			Director Name		-	-		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	<u> </u>	10. Shares Issued		Check	Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		100		Common		\$.01		
			-					
11. This report must be execu	ited on behalf of the	corporation by an a	uthorized repres	entative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be ex	xecuted on behalf of	the corporation by t	he receiver or tr	ustee.				
Under penalty of perjury, I c statements, and that all sta	deciare and anirm ( tements contained	tnat i nave examine ' herein are true ani	ia τηις report, η d correct.	ncluding any accom	ipanying s	cneaules and		
Name of Authorized Representative					Date	Date		
Wayne Atwood Jr.					3.77.22			
Signature of Authorized Repr	esentative	<del>/</del>				<del></del>		
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MAIL TO:

**Division of Business Services** 

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

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