

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVGS DIV

2023 APR 20 P 2: 04

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty:	Additional	\$25.00	fee it	f form	is not	filed	hv t	May :	31
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Penalty: Additional \$25.0 Entity ID Number		<u> </u>							
000017559		2. Exact name of the Corporation E.F.McGovern Landscaping, Inc							
3. Principal Office Address			City		State	Zip			
	122 Auburn Dr			1	RI	02813			
4. NAICS Code	6. Brief des	cription of the chara	cter of business cond	er of business conducted in Rhode Island					
561730	Landsca	Landscaping Services							
5. State of Incorporation RI									
7. List ALL officers (names and	addresses)			Check	the hoy to inc	icate an attachment			
President Name David McGo	Vice-President Nar	ne	THE BOX TO INC	icate an attachment					
Street Address 122 Auburn [Street Address								
Charlestown	State RI	^{Zip} 02813	City			Zip			
Secretary Name Kim McGove	ern	<u></u>	Treasurer Name	·····		<u> </u>			
Street Address 122 Auburn Dr			Street Address						
City	State	17in	City		- <u>-</u>				
^{City} Charlestown	State RI	^{Zip} 02813	City		State	Zip			
List ALL directors (names and Director Name	d addresses)			Check	the box to ind	cate an attachment			
Director Name			Director Name			and an enderinnesse [
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name			Director Name						
Street Address			(Shoot A day						
			Street Address						
City	State	Zip	City		State	Zip			
. Shares Authorized		10. Shares Issu		Charlett					
his information is currently of rec separtment of State.	ord in the	NUMBER OF		Check the box to indicate an attachm					
hanges require an additional filing.		300		<u> </u>					
 This report must be executed ustee, this report must be execu- 	on behalf of the	corporation by an au	thorized representati	ve. If the corner	ation is in the l	ands of a roccium o			
ustee, this report must be execu	ited on behalf of t	he corporation by th	e receiver or trustee.			ands of a receiver or			
nder penalty of perjury, I decl tatements, and that all statem	ents contained i	iat i nave examinet <u>ierein ere true and</u>	this report, including the correct.	ing any accomp	anying sche	dules and			
ame of Authorized Representati im McGovern			Date						
gnature of Authorized Represer	ntativo				4/20/23				
KINCHICON	Vl 1 - h	_	FILE	U —		· · · · · · · · · · · · · · · · · · ·			
IL TO:			APR 20	2023	<u></u>				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY GRWSE 2:08